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Plan and Operation of the NHANES I Epidemiologic Followup Study, 1992

December 1997



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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December 1997
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Contents

Abstract	1
Background	1
NHANES I (1971–75)	3
1982–84 Followup	3
1986 Followup	4
1987 Followup	5
Study Design and Tracing Activities	6
Study Design	6
Tracing	6
Subjects Lost to Followup	8
Interview Data Collection	10
Interview Procedures	10
Questionnaire Types	10
Questionnaire Content	11
Interview Nonresponse	13
Health Care Facilities Data Collection	14
Identification of Stay Reports	14
Facility Data Collection	15
Matching Records	16
Results of the Health Care Facility Data Collection	17
NHEFS Supplemental Health Care Facility Stay File	18
Death Certificate Collection	19
1992 Analytic Cohort	20
Ongoing Activities	21
References	23
Appendix I	25
Study Materials	25
Tracing	25
Vital Status Verification-Subject	25
Vital Status Verification-Proxy Previously Interviewed	30
Vital Status Verification-Proxy Not Previously Interviewed	36
Subject Location Verification	43
Interview	44
Brochure	44
Advance Letter to Subject Previously Interviewed	46
Advance Letter to Subject Not Previously Interviewed	47
Advance Letter to Proxy Previously Interviewed	48
Advance Letter to Proxy Not Previously Interviewed	49
Introduction for Subject and Proxy Telephone Questionnaire	50
Subject Telephone Questionnaire	61
Proxy Telephone Questionnaire	145
Subject Mail Questionnaire	198

Subject Mail Questionnaire - Supplement	209
Proxy Mail Questionnaire	216
Verbal Authorization Form to Obtain Information From Medical Records.....	220
Authorization Form to Obtain Information From Medical Records.....	221
Hospital and Health Care Facility Chart	222
Health Care Facility Data Collection.....	224
Letter to Hospital Administrator	224
Letter to Director of Medical Records.....	225
Hospital Record Form	226
Letter to Nursing Home Administrator	228
Nursing or Personal Care Home Record Form.....	229
Appendix II	231
Corrections and Revisions to the First National Health and Nutrition Examination Survey Baseline Data	231
Date of Birth.....	231
Sex.....	231
Race.....	231

Figures

1. Followups of the NHANES I Epidemiologic Followup Study cohort: 14,407 subjects 25–74 years of age at NHANES I	2
2. Summary of data collection in the NHANES I Epidemiologic Followup Study, 1992.....	3
3. Questionnaire topics in the NHANES I Epidemiologic Followup Study, 1992.....	11
4. Survey period, respondent recall period, and facility abstract request period, by previous interview status: NHANES I Epidemiologic Followup Study, 1992	15
5. Health care facility record layout: NHANES I Epidemiologic Followup Study, 1992	16
6. Examples of matching process and record status codes: NHANES I Epidemiologic Followup Study, 1992	17
7. Tracing status of the NHANES I Epidemiologic Followup Study cohort	21

Text Tables

A. Number of subjects and percent distribution of respondents by status at followup in the NHANES I Epidemiologic Followup Study, 1992 Followup cohort, according to race, sex, and age at NHANES I.....	9
B. Odds ratios, confidence intervals, and statistical significance for selected health characteristics on loss to followup for the NHANES I Epidemiologic Followup Study, 1992 Followup cohort	10
C. Number and percent of traced members of the NHANES I Epidemiologic Followup Study, 1992 Followup cohort, without a completed interview, by vital status at 1992 NHANES I Epidemiologic Followup Study and by race, sex, and age at NHANES I	13
D. Number of facility stays, distribution of subjects by number of stays, mean number of stays, and percent of traced cohort with at least one stay in the NHANES I Epidemiologic Followup Study, 1992 Followup cohort, by race, sex, and age at NHANES I	18
E. Number and percent distribution of record status codes for the NHANES I Epidemiologic Followup Study, 1992 Followup cohort, by type of record status code, according to race, sex, and age at NHANES I.....	19
F. Number of deaths and percent of decedents without an available death certificate among the NHANES I Epidemiologic Followup Study, 1992 Followup cohort, by race, sex, and age at NHANES I.....	20
G. Number and percent distribution of subjects by status at followup in the NHANES I Epidemiologic Followup Study, 1992 analytic cohort, by race, sex, and age at NHANES I	22
H. Odds ratios, confidence intervals, and statistical significance for selected health characteristics on loss to followup for the NHANES I Epidemiologic Followup Study, 1992 analytic cohort	23
J. Number of deaths and percent of decedents without an available death certificate among the NHANES I Epidemiologic Followup Study, 1992 analytic cohort, by race, sex, and age at NHANES I	24

Objectives

The NHANES I Epidemiologic Followup Study (NHEFS) is a longitudinal study that uses as its baseline those adult persons 25–74 years of age who were examined in the first National Health and Nutrition Examination Survey (NHANES I). NHEFS was designed to investigate the association between factors measured at baseline and the development of specific health conditions. The three major objectives of NHEFS are to study morbidity and mortality associated with suspected risk factors, changes over time in participants' characteristics, and the natural history of chronic disease and functional impairments.

Methods

Tracing and data collection in the 1992 Followup were undertaken for the 11,195 subjects who were not known to be deceased in the previous surveys. No additional information was collected in the 1992 NHEFS for the 3,212 subjects who were known to be deceased before the 1992 NHEFS data collection period.

Results

By the end of the 1992 NHEFS survey period, 90.0 percent of the 11,195 subjects in the 1992 Followup cohort had been successfully traced. Interviews were conducted for 9,281 subjects. An interview was conducted for 8,151 of the 8,687 surviving subjects; 551 interviews were administered to a proxy respondent because the subject was incapacitated. A proxy interview was conducted for 1,130 of the 1,392 decedents identified in the 1992 NHEFS.

In addition, 10,535 facility stay records were collected for 4,162 subjects reporting overnight facility stays. Death certificates were obtained for 1,374 of the 1,392 subjects who were identified as deceased since last contact. Approximately 32 percent of the NHEFS cohort is known to be deceased with a death certificate available for 98 percent of the 4,604 NHEFS decedents.

Keywords: NHEFS • longitudinal • design • methods

Plan and Operation of the NHANES I Epidemiologic Followup Study, 1992

by *Christine S. Cox, M.A., Michael E. Mussolino, M.A., Sandra T. Rothwell, M.P.H., Madelyn A. Lane, Cordell D. Golden, Jennifer H. Madans, Ph.D., Jacob J. Feldman, Ph.D., Office of Analysis, Epidemiology, and Health Promotion*

Background

The NHANES I Epidemiologic Followup Study (NHEFS) is a longitudinal study that uses as its baseline those adult persons 25–74 years of age who were examined in the first National Health and Nutrition Examination Survey (NHANES I) (1–3). As shown in [figure 1](#), NHEFS comprises a series of followup surveys, four of which have been conducted to date. The first wave of data collection, the 1982–84 NHEFS, included all persons who were 25–74 years of age at their NHANES I examination ($n = 14,407$). The second data collection wave, the 1986 NHEFS, was conducted for the members of the cohort who were 55–74 years of age at their baseline examination and not known to be deceased at the time of the 1982–84

NHEFS ($n = 3,980$). The third wave, the 1987 NHEFS, was conducted for the entire nondeceased NHEFS cohort ($n = 11,750$). This series report focuses on the tracing and data collection of the fourth wave, the 1992 Followup. During this fourth data collection wave, attempts were made to recontact the entire nondeceased NHEFS cohort ($n = 11,195$).

In NHANES I data were collected from a national probability sample of the U.S. civilian noninstitutionalized population 1–74 years of age (1–3). The survey, which included a standardized medical examination and questionnaires that covered various health-related topics, took place from 1971 through 1974 and was augmented by an additional national sample in 1974–75. NHANES I included 20,729 adult

The 1992 data collection wave of the NHANES I Epidemiologic Followup Study (NHEFS) could not have been accomplished without the valuable contribution and assistance from many individuals and groups. Space does not permit the authors to recognize all the persons who participated in the planning, development, and conduct of the 1992 data collection wave; nonetheless, the authors are grateful for the support they received, and apologize to those they have omitted.

Dr. Joan Cornoni-Huntley, Ph.D, M.P.H., of the National Institute on Aging deserves special recognition for the important role she has played in the development and continuation of the study. Without her persistence as advocate for this study and her dedication in seeking financial support, NHEFS would not have been conducted. NHEFS was initiated jointly by the National Institute on Aging and the National Center for Health Statistics, and has been developed and funded by the following Federal agencies: National Center for Health Statistics; National Institute on Aging; National Center for Chronic Disease Prevention and Health Promotion; National Cancer Institute; National Institute of Child Health and Human Development; National Heart, Lung, and Blood Institute; National Institute on Alcohol Abuse and Alcoholism; National Institute of Mental Health; National Institute of Diabetes and Digestive and Kidney Diseases; National Institute of Arthritis and Musculoskeletal and Skin Diseases; National Institute of Allergy and Infectious Diseases; National Institute of Neurological and Communicative Disorders and Stroke; and United States Department of Agriculture.

The 1992 survey was conducted by Westat, Inc., of Rockville, Maryland, under a contract with the U.S. Department of Health and Human Services (Contract No. 200-91-7003) and was directed by Thomas McKenna and Diane Cadell.

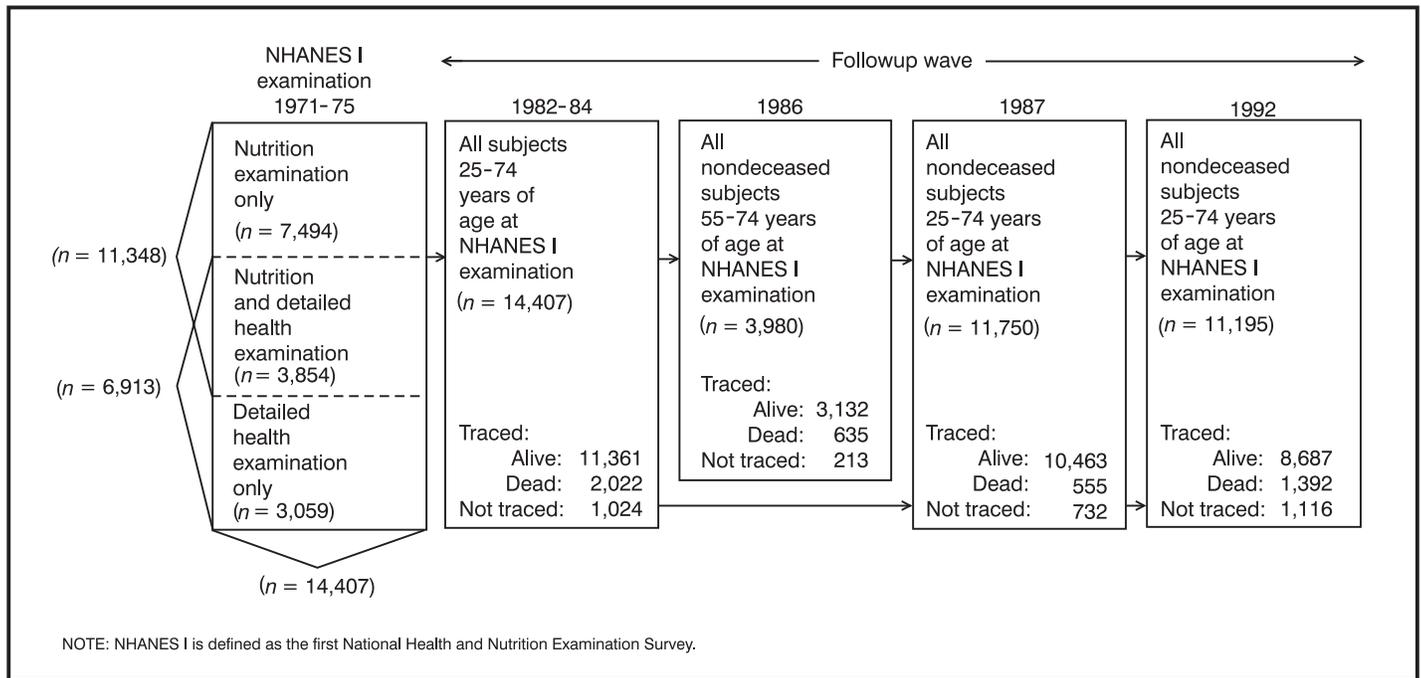


Figure 1. Followups of the NHANES I Epidemiologic Followup Study cohort: 14,407 subjects 25–74 years of age at NHANES I

persons 25–74 years of age, of whom 14,407 (70 percent) completed a medical examination.

Although NHANES I provided a wealth of information on the prevalence of health conditions and risk factors, the cross-sectional nature of the original survey limits its usefulness for studying the effects of clinical, environmental, and behavioral factors and in tracing the natural history of disease. Therefore, NHEFS was designed to investigate the association between factors measured at baseline and the development of specific health conditions. Specifically, the three major objectives of NHEFS are to study the following:

- Morbidity and mortality associated with suspected risk factors
- Changes over time in participants' characteristics, such as blood pressure and weight
- The natural history of chronic disease and functional impairments

Although information in NHANES I was gathered from physical examinations, laboratory tests, and interviews, NHEFS is primarily a series of interview surveys that rely on self-reporting of medical conditions. Attempts were made, however, to supplement the followup interview

information in NHEFS with health care facility medical records and death certificates.

NHEFS originated as a joint project between the National Center for Health Statistics (NCHS) and the National Institute on Aging (NIA). It has been funded primarily by the NIA, with additional financial support from the following components of the National Institutes of Health and other Public Health Service agencies:

- The National Center for Chronic Disease Prevention and Health Promotion
- The National Cancer Institute
- The National Institute of Child Health and Human Development
- The National Heart, Lung, and Blood Institute
- The National Institute on Alcohol Abuse and Alcoholism
- The National Institute of Mental Health
- The National Institute of Diabetes and Digestive and Kidney Diseases
- The National Institute of Arthritis and Musculoskeletal and Skin Diseases
- The National Institute of Allergy and Infectious Diseases

- The National Institute of Neurological and Communicative Disorders and Stroke

All of these agencies were involved in developing topics important to their specialty areas and designing procedures to collect data that would address these issues.

The NHEFS cohort, as shown in figure 2, includes the 3,212 subjects who were deceased at the time of the 1982–84, 1986, or 1987 NHEFS and the 11,195 subjects who were not known to be deceased. Tracing and data collection in the 1992 Followup were undertaken only for the 11,195 subjects in the latter group, regardless of their prior tracing or interview status. Hereinafter, they will be referred to as the “1992 Followup cohort.” The remaining 3,212 subjects who were deceased at the time of the 1982–84, 1986, or 1987 NHEFS were excluded from additional data collection in 1992 and, thus, were not included as part of the 1992 Followup cohort. For analytic purposes, though, information collected for this group is used with the information collected previously on subjects who were part of the 1992 Followup cohort.

Tracing of subjects in the 1992 Followup began in July 1991. As of

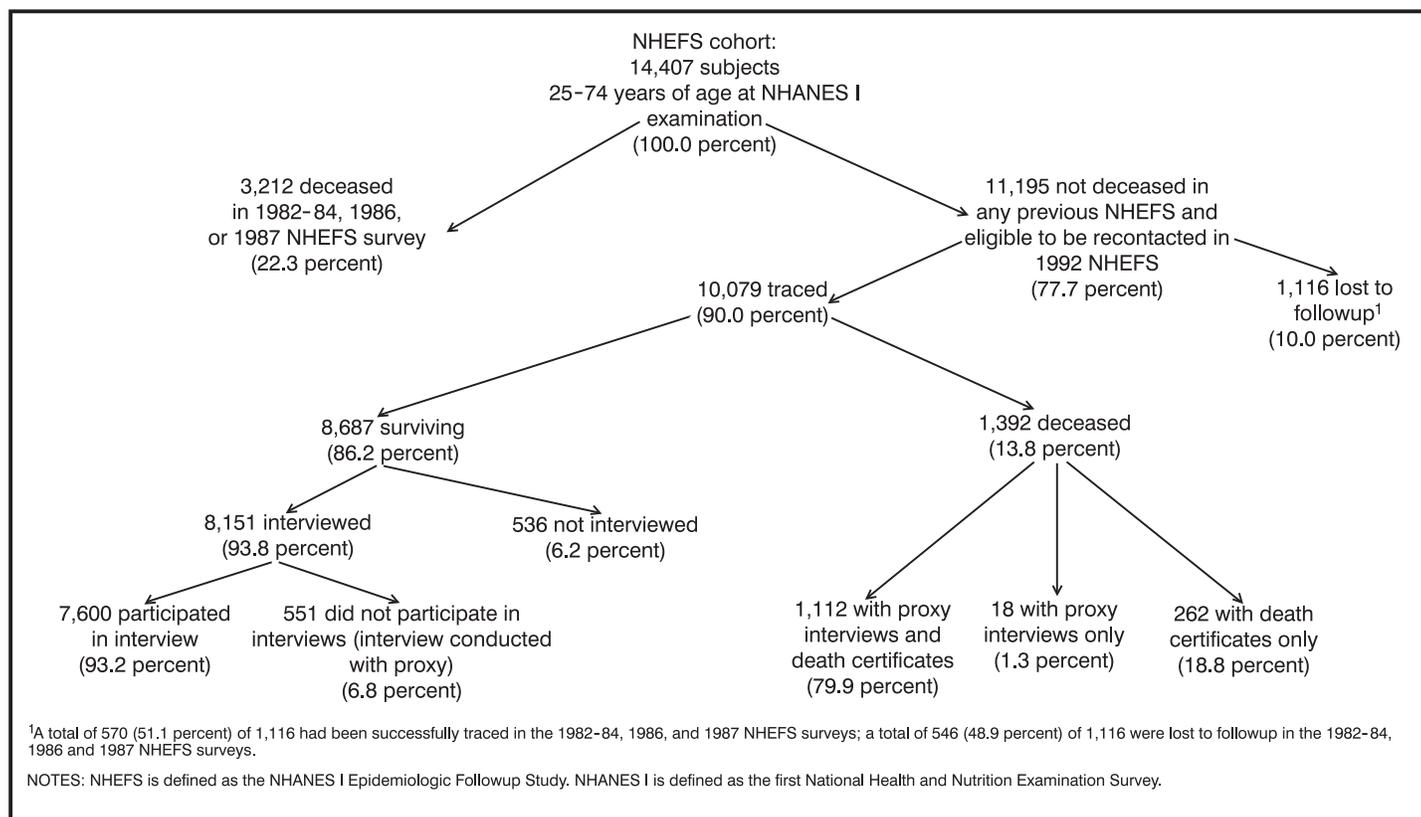


Figure 2. Summary of data collection in the NHANES I Epidemiologic Followup Study, 1992

July 19, 1993, the end of the 1992 NHEFS survey period, 10,079 (90.0 percent) of the 11,195 members of the 1992 Followup cohort had been successfully traced. Interviews were conducted for 9,281 subjects (92.1 percent of those successfully traced). In addition, 10,535 facility stay records were collected for 4,162 subjects using information obtained from the interview, death certificate, or some other source. Death certificates were obtained for 1,374 (98.7 percent) of the 1,392 subjects who were known to have died since the last contact.

To use the 1992 Followup study data most effectively, it is necessary to understand the study design and procedures of NHANES I and the three previous Followups of NHEFS. A brief overview of each of these surveys is provided. More detailed information on these surveys is presented in other publications (1-6).

NHANES I (1971-75)

NHANES I was designed to collect extensive demographic, medical history, nutritional, clinical, and laboratory data

on a probability sample of the civilian noninstitutionalized population of the United States (1-3). The survey was a multistage, stratified probability sample of clusters of persons 1-74 years of age. It was conducted in 1971-74 and was extended in 1974-75 by an additional sample of adult persons, called the "Augmentation Survey" (3). The NHANES I survey design included oversampling of certain population subgroups, including persons living in poverty areas, women of childbearing age (25-44 years of age), and elderly persons (65 years of age and over). A subsample of 6,913 adult NHANES I participants 25-74 years of age, called the "detailed sample," consisted of a subsample of subjects examined in 1971-74 and all subjects in the Augmentation Survey. Persons included in the detailed sample were examined in greater depth and administered additional questionnaire items. The Augmentation Survey did not include oversampling of any population subgroups. More information on the sampling frame and survey instruments used for the detailed sample may be found in the plan and operation series

reports for the NHANES I survey (1-3).

As a result of these varied design features of NHANES I, not all of the members of the NHEFS cohort received the same questions or examinations at baseline. For example, while all 14,407 adults in the NHEFS cohort received the general medical examination, only those 11,348 adults who were not in the Augmentation Survey were administered nutrition questionnaires at NHANES I. Similarly, the 6,913 participants included in the detailed sample may have been administered supplementary questionnaires (for example, arthritis, cardiovascular, or respiratory questionnaires), depending on their responses to screening questions.

1982-84 Followup

The 1982-84 Followup was the first data collection wave of the NHEFS series (4). It included 14,407 persons 25-74 years of age when they were examined in NHANES I (1971-75). Tracing of subjects began in 1981, and data collection was conducted from 1982 to 1984. At the close of data collection in August 1984, 93 percent

($n = 13,383$) of the study population had been successfully traced. The basic design of the 1982–84 NHEFS consisted of the following components:

- Tracing subjects or their proxies to a current address
- Acquiring death certificates for deceased subjects
- Performing in-depth interviews with subjects or with their proxies including, for surviving subjects, taking pulse, blood pressure, and weight measurements
- Obtaining hospital and nursing home records, including pathology reports and electrocardiograms

No attempt was made to recontact any of the NHANES I examinees until the inception of the 1982–84 Followup. Thus, the first step of the Followup was to trace and locate all subjects in the NHEFS cohort and determine their vital status. A subject in the NHEFS cohort was considered successfully traced if he or she (or another informant, if the subject was deceased or was incapacitated and thus unable to be contacted) responded correctly to a set of verification questions establishing the subject's identity. All subjects whose vital status could not be determined were considered lost to followup. A subject's death had to be confirmed by means of either a death certificate or proxy interview.

The information collected during tracing relating to the death of a subject was used to request a copy of the death certificate from the appropriate State vital statistics office. Death certificates were obtained for 1,935 (95.7 percent) of the 2,022 decedents by the end of the 1982–84 survey period. (An additional 33 death certificates for 1982–84 NHEFS decedents were received after the closeout of the 1982–84 data collection period. These death certificates are included on the Mortality Data Public Use Tapes for followup waves subsequent to the 1982–84 NHEFS. For more information, see the 1992 NHEFS Mortality Data Public Use Tape Documentation.) Efforts continue to locate all missing death certificates.

An attempt was made to interview all subjects (or their proxies) identified during tracing. The 1982–84 NHEFS

interview was designed to gather information on selected aspects of the subject's health history since the time of the NHANES I examination. This information included a history of the occurrence or recurrence of selected medical conditions; an assessment of behavioral, social, nutritional, and medical risk factors believed to be associated with these conditions; and an assessment of various aspects of functional status. Whenever possible, the questionnaire was designed to retain item comparability between NHANES I and the 1982–84 NHEFS to measure changes over time. However, questionnaire items were modified, added, or deleted when necessary to take advantage of current improvements in questionnaire methodology. Physical measurements (blood pressure, pulse rate, and weight) were obtained from surviving subjects near the end of the interview.

Interviews with the subject or a proxy were collected for 84.8 percent ($n = 12,220$) of the original NHEFS cohort or 91.3 percent of those successfully traced. Interviews were conducted for 10,523 (92.6 percent) of the 11,361 surviving subjects, of which 256 were administered to a proxy respondent because the subject was incapacitated. Proxy interviews were obtained for 1,697 (83.9 percent) of the 2,022 deceased subjects.

Information on overnight stays in hospitals and nursing homes was elicited during the interview for the period from 1970 to the time of the 1982–84 NHEFS. Interviewers recorded the full name and address of the health care facility and the approximate date of the stay. At the conclusion of the interview, respondents were asked to sign a medical authorization form that would be used to request the release of information from the subject's medical records. These authorization forms were retained on file, and a photocopy was sent to each health care facility that the respondent had identified during the interview.

The health care facility data collection took place from April 1983 through August 1984. Hospitals and nursing homes in which stays had been reported (through interviews, death

certificates, and other sources) were contacted and asked to abstract information from their records for all stays occurring between January 1 of the year of the person's NHANES I examination up to the date of the followup interview. The major items requested were the dates of admission and discharge, the discharge diagnoses (if requesting from a hospital) or admitting diagnoses (if requesting from a nursing home), and information on any procedures that may have been performed.

1986 Followup

The 1986 Followup was the second data collection wave of the NHEFS series (5). The 1986 NHEFS collected information on changes in health and functional status since the study's last contact with the older members of the NHEFS cohort. It was restricted to those subjects who were at least 55 years of age at their NHANES I examination ($n = 5,677$). They represent almost 40 percent of the entire NHEFS cohort. Tracing and data collection in the 1986 Followup were undertaken only for the 3,980 subjects who were not known to be deceased at the time of the 1982–84 NHEFS. Tracing of subjects began in 1984, and data collection was conducted from 1985 through 1986. At the close of data collection in July 1986, 94.6 percent ($n = 3,767$) of the study population had been successfully traced.

The basic design and data collection procedures of the 1986 NHEFS were very similar to those developed in the 1982–84 study: Subjects (or their proxies) were traced, subject and proxy interviews were conducted, and health care facility abstracts and death certificates were collected. A major difference between the 1982–84 and 1986 Followups, however, was the manner in which the interviews were conducted. In the 1986 NHEFS, the interviews were administered primarily by telephone rather than via in-person interviews. In addition, because the questionnaire was not administered in person, no physical measurements were made in the 1986 NHEFS.

The first step of the 1986 Followup was to trace and locate all subjects in

the 1986 NHEFS Followup cohort and determine their vital status. A subject in the NHEFS cohort was considered successfully traced if he or she (or another informant, if the subject was deceased or was incapacitated and thus unable to be contacted) responded correctly to a set of verification questions establishing the subject's identity. All subjects whose vital status could not be determined were considered lost to followup. A subject's death had to be confirmed by means of either a death certificate or proxy interview.

The information collected during tracing relating to the death of a subject was used to request a copy of the death certificate from the appropriate State vital statistics office. Death certificates were obtained for 616 of the 635 decedents by the end of the 1986 survey period. Efforts continue to locate all missing death certificates.

Subject and proxy interviews were conducted over the telephone using a computer-assisted telephone interviewing system. The interview was designed to gather information on events that occurred since last contact regarding the subject's living arrangement, occurrence and recurrence of chronic diseases, functional limitations, hospital and nursing home experience, and utilization of community services. To retain item comparability among NHANES I, the 1982–84 NHEFS, and the 1986 NHEFS, a majority of the questions included on the 1986 questionnaire were the same as those used in the 1982–84 NHEFS. Questions on coronary bypass surgery, pacemaker procedures, and the utilization of community services were new to the 1986 NHEFS.

Interviews with the subject or a proxy were collected for 90.7 percent ($n = 3,608$) of the 1986 NHEFS cohort, or 95.8 percent of those successfully traced. Interviews were conducted for 3,027 (96.6 percent) of the 3,132 surviving subjects, of which 469 were administered to a proxy respondent because the subject was incapacitated. Proxy interviews were obtained for 581 (91.5 percent) of the 635 deceased subjects.

Information on overnight stays in hospitals and nursing homes was elicited for any of the medical conditions reported in the interview. If the subject was interviewed in the 1982–84 NHEFS, the respondent in the 1986 NHEFS was asked to recall any overnight hospitalizations since 1980 for the medical conditions of interest. If the subject had not been interviewed in the 1982–84 NHEFS, the interviewer asked the respondent to recall any overnight stays since 1970. Interviewers recorded the full name and address of the health care facility and the approximate date of the stay. At the conclusion of the interview, respondents were asked to sign a medical authorization form that would be used to request the release of information from the subject's medical records. These authorization forms were retained on file, and a photocopy was sent to each health care facility that the respondent had identified during the interview.

All health care facilities in which overnight stays were reported (through interviews, death certificates, and other sources) were contacted by mail between September 1985 and June 1987 and were asked to abstract information from their records for all stays occurring since the date of last NHEFS contact. Facilities were asked to abstract information on exact dates of admission, discharge, and diagnoses, and to include photocopies of selected sections of the subject's inpatient record.

1987 Followup

The 1987 Followup was the third data collection wave of the NHEFS series (6). The 1987 NHEFS collected information on changes in health and functional status since last contact with NHEFS cohort members. Tracing and data collection efforts were undertaken only for the 11,750 subjects who were not identified as deceased in 1982–84 or 1986 NHEFS. Tracing began in 1986, and data collection was conducted from mid-May 1987 through January 1988. At the close of data collection, 93.8 percent ($n = 11,018$) of the study population had been successfully traced.

The basic design and data collection procedures of the 1987 NHEFS were

identical to those developed in the 1986 study: Subjects (or their proxies) were traced, subject and proxy interviews were conducted, and health care facility abstracts and death certificates were collected.

The first step of the 1987 Followup was to trace and locate all subjects in the 1987 NHEFS Followup cohort and determine their vital status. A subject in the NHEFS cohort was considered successfully traced if he or she (or another informant, if the subject was deceased or was incapacitated and thus unable to be contacted) responded correctly to a set of verification questions establishing the subject's identity. All subjects whose vital status could not be determined were considered lost to followup. As was the case in previous NHEFS studies, a subject's death had to be confirmed by means of either a death certificate or proxy interview.

The information collected during tracing relating to the death of a subject was used to request a copy of the death certificate from the appropriate State vital statistics office. Death certificates were obtained for 524 (94.4 percent) of the 555 decedents by the end of the 1987 survey period. (An additional 15 death certificates were obtained for 1987 NHEFS decedents after the closeout of the 1987 data collection period. These certificates are included on the 1992 NHEFS Mortality Data Public Use data tape.) Efforts continue to locate all missing death certificates.

Subject and proxy interviews were conducted over the telephone using a computer-assisted telephone interviewing system. The interview was designed to gather information on events that occurred since last contact regarding the subject's living arrangement, occurrence and recurrence of chronic diseases, functional limitations, hospital and nursing home experience, and utilization of community services. To retain item comparability among NHANES I, and subsequent NHEFS studies, a majority of the questions included on the 1987 questionnaire were the same as those used in the previous NHEFS studies. Data on functional limitation, exercise and weight, and vision and hearing were

collected for surviving subjects only. The questions asked in the 1986 NHEFS concerning community services utilization were not reasked in the 1987 NHEFS. However, the 1987 NHEFS interview included several new questions on such topics as breast examination, male sterilization, and high blood cholesterol.

Interviews with the subject or a proxy were collected for 85.1 percent ($n = 9,998$) of the 1987 NHEFS cohort, or 90.7 percent of those successfully traced. Interviews were conducted for 9,526 (91.0 percent) of the 10,463 surviving subjects, of which 630 were administered to a proxy respondent because the subject was incapacitated. A proxy interview was conducted for 472 (85.0 percent) of the 555 decedents identified in the 1987 NHEFS.

Information on overnight stays in hospitals and nursing homes was elicited for any of the medical conditions reported in the interview. If the subject was last interviewed in the 1986 NHEFS, the respondent was asked to recall any overnight stays since 1985. If the subject was last interviewed in the 1982–84 NHEFS, the interviewer asked the respondent to recall any overnight stays since 1980. If the subject had not been interviewed since the NHANES I interview, the interviewer asked the respondent to recall any overnight stays since 1970. Interviewers recorded the full name and address of the health care facility and the approximate date of the stay. At the conclusion of the interview, respondents were asked to sign a medical authorization form that would be used to request the release of information from the subject's medical records. These authorization forms were retained on file, and a photocopy was sent to each health care facility that the respondent had identified during the interview.

All health care facilities in which overnight stays were reported (through interviews, death certificates, and other sources) were contacted by mail between August 1987 and January 1988 and asked to abstract information from their records for all stays occurring since the date of last NHEFS contact. Facilities were asked to abstract information on exact dates of admission,

discharge, and diagnoses, and to include photocopies of selected sections of the subject's inpatient record.

Study Design and Tracing Activities

The 1992 Followup was conducted to extend the followup period for the entire surviving NHEFS population. The main objectives of the 1992 Followup were as follows:

- To continue to monitor changes over time in health, functional status, and utilization of hospitals and nursing homes
- To track the incidence of various medical conditions

The NHEFS cohort consists of the 14,407 persons 25–74 years of age at the time of their NHANES I examination. Tracing and data collection in the 1992 Followup were undertaken for only a portion of the NHEFS cohort, who are referred to as the 1992 Followup cohort. The 1992 Followup cohort consisted of the 11,195 subjects who were not known to be deceased in the 1982–84, 1986, or 1987 NHEFS, regardless of whether they had been previously successfully traced or interviewed in any other survey period. No additional interview or health care facility stay information was collected in the 1992 NHEFS for the 3,212 subjects who were known to be deceased before the 1992 NHEFS data collection period, even if a proxy interview had not been conducted or collection of health care facility records had not been undertaken for the decedent in a previous survey wave.

Study Design

The design and data collection procedures adopted in the 1992 Followup were very similar to the ones developed in the previous NHEFS waves: Subjects (or their proxies) were traced, subject and proxy interviews were conducted, and health care facility abstracts and death certificates were collected. A major difference between the 1982–84 and subsequent NHEFS data collection waves, however, was the manner in which the interviews were

conducted. In the 1982–84 NHEFS, the 2-hour subject interview usually was conducted in person; in the 1986, 1987, and 1992 followups, each interview averaged 30 minutes and was conducted primarily by telephone. In addition, because the questionnaire was not administered in person, no physical measurements were made in any of the three later followups. Copies of all pertinent study materials for the 1992 NHEFS (tracing materials, a brochure, letters, questionnaires, authorization forms, and health facility data collection forms) can be found in [appendix I](#).

Each survey component (tracing, interviewing, collecting hospital and nursing home records, and obtaining death certificates) conducted in the 1992 NHEFS represents a separate survey activity with its own set of procedures for data collection, processing, and reporting. However, the information gathered for any one survey component was used to direct activities in other components. Thus, data from different survey components were intended to be used together when appropriate. [Figure 2](#) summarizes the results from the data collection procedures for the 1992 NHEFS. The flowchart shows the relationship between each of the data collection activities (except for the health care facility record collection) and provides information on the number of subjects in each component.

Tracing

Tracing began in July 1992 and was conducted on all 11,195 subjects 25–74 years at their NHANES I examination who were not known to be previously deceased at the start of the 1992 NHEFS data collection period. Because the validity of longitudinal studies depends on the completeness of followup, a variety of tracing sources were used to trace subjects in the 1992 Followup. Different tracing strategies were developed depending on the subject's prior tracing status. Standard tracing procedures were used for subjects who had been successfully traced alive in a prior NHEFS data collection period ($n = 10,584$); with slightly different procedures used for subjects who had not been successfully

traced in the 1982–84, 1986, or 1987 NHEFS ($n = 611$). The tracing procedures used for each group are discussed in the following paragraphs. Subjects and proxy respondents who were located and verified through these tracing procedures were then contacted by telephone or mail (if a telephone number was not available) and asked to participate in an interview.

Standard Tracing Procedures

All subjects regardless of their prior tracing status were traced using the following prescribed tracing procedures: Postal service address correction forms were sent to postmasters for all subjects with complete address information. Simultaneously, matches of all 11,195 1992 NHEFS participants were made to the National Death Index (7), the Social Security Administration mortality file, and the enrollment file of the Health Care Financing Administration (HCFA). Only subjects for whom NCHS had previously collected a valid Social Security Number were included in the Social Security mortality tape match. Location information received from HCFA was used only if no other tracing information was successful in locating the subject. If any of these tracing sources identified a subject as possibly deceased, the tracing procedures were modified to include contacting State vital statistics offices for death certificate acquisition and locating potential proxy respondents to complete the proxy deceased interview. For additional information, see section entitled “[Death certificate collection](#).” A subject is not identified as deceased unless a death certificate is received or a proxy deceased interview is completed.

The next step in locating each subject was to conduct an automated tracing procedure using Telematch, a service that provides computerized matching with a biweekly updated nationwide white pages telephone directory listing. Subjects were considered successfully identified if the last name, mailing address, and ZIP Code matched either the subject’s last known address or the updated address information provided by the U.S. Postal Service. If the information provided by Telematch did not result in a conclusive

match or was later found to be inaccurate, a variety of other tracing sources were used. They included calls to the subject’s last confirmed telephone number, calls to directory assistance, calls to the tracing references provided in previous NHEFS interviews (typically, persons not living in the subject’s household at the time of the previous interview), and contacts with state motor vehicles offices. Furthermore, crisscross directory searching was undertaken to locate residents living on the block where the subject was last known to have resided. When found, these persons were contacted to determine whether they were familiar with the subject and, if so, whether they knew the whereabouts of the subject. If at any time a tracing action resulted in contact with the subject or with a person who was knowledgeable about the subject, a set of vital status verification questions was administered. Vital status verification questions are discussed later in this report.

The 611 subjects who had not been successfully traced since the baseline examination were included in almost all the aforementioned standard tracing procedures. However, they were not included in submissions to State motor vehicle searches or crisscross directory searches. These tracing sources were not utilized in the 1992 NHEFS, because they had already been attempted in each previous followup tracing period with the address provided at the baseline examination. It was determined that these tracing sources were unlikely to provide any new leads with address information that was approximately 20 years old. Despite the difficulties in attempting to locate subjects who have been “lost-to-followup” since the baseline examination, 65 subjects not previously traced were confirmed found and administered some form of vital status verification in the 1992 NHEFS.

Vital Status Verification

Two types of vital status verification procedures were utilized in the conduct of the 1992 NHEFS: Location verification and vital status verification. Location verification procedures were utilized from the beginning of tracing in

July 1991 through March 1992. During this period, when a tracing call was made to the subject’s last confirmed telephone number, location verification was conducted with the person who answered the call. The tracer attempted to verify that the subject’s name and current address matched the information contained in previous tracing records. The tracer was also instructed to record whether the person to whom he or she was speaking with was the subject, a previously identified tracing contact, or someone else in the household. If the information supplied during location verification matched the previous address information, the subject was considered located and was scheduled for a telephone interview. All subjects considered located during location verification were administered a set of vital status verification questions during the telephone interview. If the subject did not complete a telephone interview the location verification form was reviewed to determine the vital status of the subject and the subject’s date last known alive. A sample location verification form is included in [appendix I](#).

Vital status verification procedures were developed and implemented from April 1992 through June 1993. During this period, if any tracing action resulted in contact with the subject or with a person who was knowledgeable about the subject, a set of vital status verification questions was administered. Vital status verification could be conducted during a tracing contact or at the beginning of the telephone interview. A sample of the vital status verification questions is included in [appendix I](#). A subject’s vital status was considered verified if he or she or a proxy respondent (if the subject was deceased or incapacitated and unable to be interviewed) correctly responded to a set of verification questions used to establish the subject’s identity. (If the respondent did not have a telephone, he or she was sent a mail update form to complete.) Once the name of the subject was verified, the respondent had to correctly supply at least two of these three items.

Subject’s date of birth—Date of birth was considered verified if the

subject's month, day, and year of birth matched exactly the information obtained at either NHANES I or the 1982–84 NHEFS, depending on whether the subject had been successfully traced in the 1982–84 NHEFS. If only the month and day matched, the birth year had to be within 2 years of the year listed in the tracing records for the date of birth to be considered verified. In some cases, a proxy respondent was administered the questions and did not know the subject's date of birth. This item, however, was considered verified if the age provided by the proxy for the subject was within two years of the deceased subject's age at death or of the surviving subject's current age, as determined from the subject's tracing file. If the proxy did not know the subject's age, the interviewer requested the name of another proxy respondent.

Subject's address at time of the last NHEFS contact—The address was considered verified if the street, city, and State reported at last contact matched the information on record. Street number did not need to match.

Household composition at last contact—Questions on household composition were asked only if the subject's date of birth or address at the time of last contact did not match information listed in the subject's tracing records. The household composition at the time of last contact was considered verified if the respondent recalled the name and relationship of at least one household member. If the respondent reported that the subject lived alone and this agreed with the information in the tracing records, this also was considered a match.

Subjects Lost to Followup

All subjects who could not be located through the tracing procedures were considered lost to followup in the 1992 NHEFS. In 12 cases, even though information about the death of a subject was obtained from a former neighbor, a relative, or another tracing source, that subject was considered lost to followup because the information was not verified by means of a proxy interview or a death certificate. A subject's death had

to be confirmed by either a death certificate or proxy interview.

Two groups of subjects were considered alive for analytic purposes in the 1992 Followup but were assigned a special 1992 Followup vital status code. The first group consists of 63 subjects who were initially traced alive in the 1992 NHEFS but were subsequently lost before the 1992 interviewing period. While the vital status verification questions were completed, these questions were not completed by the subject but rather by another person (a relative, neighbor, or tracing contact). These subjects are identified by a 1992 NHEFS vital status code of "6." The date when they were last known alive is the date the vital status verification questions were completed. The second group includes 252 subjects for whom confirmation of vital status was not obtained but the tracing record indicates that the subject was directly contacted and refused to complete the verification questions. These subjects are identified by a 1992 NHEFS vital status code of "5." The date when they were last known alive is the date the subject was contacted. Analysts may want to consider these 315 subjects lost to followup. However, the authors feel that the available data indicate that there is a high probability that these subjects were alive at the time of tracing in the 1992 NHEFS.

As of July 19, 1993, the end of the 1992 survey period, 90.0 percent ($n = 10,079$) of the 11,195 subjects in the 1992 Followup cohort had been successfully traced (see [figure 2](#)). Only 510 (4.9 percent) of the 10,463 subjects who had last been traced alive in the 1987 NHEFS were not successfully traced in the 1992 NHEFS. However, 546 (89.4 percent) of the 611 subjects not successfully traced in any previous NHEFS wave were again not successfully traced in the 1992 NHEFS.

The success of the tracing efforts in the 1992 Followup according to age at baseline examination, race, and sex are given in [table A](#). (See [appendix II](#) for discussion of age, race, and sex variables.) To summarize how these demographic factors were related to tracing success, a multiple logistic model was fitted to the cross-

classification of age at baseline examination, race, and sex, with the proportion of subjects who were lost to followup representing the dependent variable. The analysis was limited to black and white respondents, because there were few subjects of other races ($n = 148$). Age at baseline examination was categorized into five 10-year age groups (25–34 through 65–74 years). Interaction terms were deleted from the saturated model to develop the simplest model that would fit the data. The smallest p value (probability) for a deleted term was 0.47. The final model included an interaction term for race and sex ($p = 0.0290$). Black men were more than 3 times as likely to be lost to followup as white men and black women were 2.5 times more likely to be lost as white women. Odds ratio relative to white men were 1.08, 2.59, 3.44 for white women, black women, and black men, respectively. Rates of loss to followup were highest for subjects under 35 years of age at the time of the NHANES I examination and continued to decrease with each 10-year increase in age for all race-sex groups until age 55. There were no significant differences in loss to followup rates for subjects over age 55 at NHANES I examination.

Analysis using a multiple logistic regression was conducted to determine whether those persons lost to followup were at relatively high risk of death. The regression model included six health characteristics measured during NHANES I (in addition to age at baseline examination, race, and sex) that have been established as risk factors for mortality: High blood pressure (systolic blood pressure of 140 millimeters of mercury or higher); high cholesterol (260 milligrams per 100 milliliters or higher); self-reported history of heart attack; self-reported history of diabetes; smoking status at baseline examination (current smoker, current nonsmoker, or unknown); and overweight (for men, a body mass index greater than or equal to 27.8 kilograms per meter squared; for women, a body mass index greater than or equal to 27.3 kilograms per meter squared). The thresholds for overweight represent the sex-specific 85th percentiles for persons 20–29 years of age (excluding pregnant women) in the

Table A. Number of subjects and percent distribution of respondents by status at followup in the first NHANES I Epidemiologic Followup Study, 1992 Followup cohort, according to race, sex, and age at NHANES I

Race, sex, and age ¹	All respondents	Status at followup						
		Surviving	Deceased	Lost to followup	Total	Surviving	Deceased	Lost to followup
		Number			Percent distribution			
All races ²	11,195	8,687	1,392	1,116	100.0	77.6	12.4	10.0
Male:								
25–34 years	1,102	906	25	171	100.0	82.2	2.3	15.5
35–44 years	851	720	37	94	100.0	84.6	4.3	11.0
45–54 years	854	708	98	48	100.0	82.9	11.5	5.6
55–64 years	559	373	161	25	100.0	66.7	28.8	4.5
65–74 years	621	262	325	34	100.0	42.2	52.3	5.5
Female:								
25–34 years	2,341	1,912	27	402	100.0	81.7	1.2	17.2
35–44 years	1,909	1,663	59	187	100.0	87.1	3.1	9.8
45–54 years	1,116	964	83	69	100.0	86.4	7.4	6.2
55–64 years	778	606	135	37	100.0	77.9	17.4	4.8
65–74 years	1,064	573	442	49	100.0	53.9	41.5	4.6
White								
Both sexes	9,488	7,553	1,154	781	100.0	79.6	12.2	8.2
Male:								
25–34 years	946	807	18	121	100.0	85.3	1.9	12.8
35–44 years	738	639	31	68	100.0	86.6	4.2	9.2
45–54 years	741	618	86	37	100.0	83.4	11.6	5.0
55–64 years	490	337	136	17	100.0	68.8	27.8	3.5
65–74 years	517	228	273	16	100.0	44.1	52.8	3.1
Female:								
25–34 years	1,955	1,647	19	289	100.0	84.2	1.0	14.8
35–44 years	1,541	1,385	34	122	100.0	89.9	2.2	7.9
45–54 years	979	864	65	50	100.0	88.3	6.6	5.1
55–64 years	664	529	109	26	100.0	79.7	16.4	3.9
65–74 years	917	499	383	35	100.0	54.4	41.8	3.8
Black								
Both sexes	1,559	1,033	224	302	100.0	66.3	14.4	19.4
Male:								
25–34 years	138	87	7	44	100.0	63.0	5.1	31.9
35–44 years	94	67	5	22	100.0	71.3	5.3	23.4
45–54 years	103	81	11	11	100.0	78.6	10.7	10.7
55–64 years	59	31	20	8	100.0	52.5	33.9	13.6
65–74 years	98	31	49	18	100.0	31.6	50.0	18.4
Female:								
25–34 years	353	246	8	99	100.0	69.7	2.3	28.0
35–44 years	329	249	22	58	100.0	75.7	6.7	17.6
45–54 years	131	95	18	18	100.0	72.5	13.7	13.7
55–64 years	111	75	26	10	100.0	67.6	23.4	9.0
65–74 years	143	71	58	14	100.0	49.7	40.6	9.8
Other								
Both sexes	148	101	14	33	100.0	68.2	9.5	22.3
Male:								
25–34 years	18	12	–	6	100.0	66.7	–	33.3
35–44 years	19	14	1	4	100.0	73.7	5.3	21.1
45–54 years	10	9	1	–	100.0	90.0	10.0	–
55–64 years	10	5	5	–	100.0	50.0	50.0	–
65–74 years	6	3	3	–	100.0	50.0	50.0	–
Female:								
25–34 years	33	19	–	14	100.0	57.6	–	42.4
35–44 years	39	29	3	7	100.0	74.4	7.7	17.9
45–54 years	6	5	–	1	100.0	83.3	–	16.7
55–64 years	3	2	–	1	100.0	66.7	–	33.3
65–74 years	4	3	1	–	100.0	75.0	25.0	–

– Quantity zero.

¹See [appendix II](#) for a discussion of revised race, corrected sex, and recalculated age at NHANES I.²Includes races other than white or black.

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 Followup cohort consists of 11,195 subjects, ages 25 years and over at NHANES I, who were not known to be deceased in the 1982–84, 1986, or 1987 NHANES I Epidemiologic Followup Survey.

Table B. Odds ratios, confidence intervals, and statistical significance for selected health characteristics on loss to followup for NHANES I Epidemiologic Followup Study, 1992 Followup cohort

Baseline characteristic	Odds ratio	95-percent confidence interval		p value
		Lower bound	Upper bound	
High blood pressure	0.97	0.81	1.16	0.7493
High cholesterol	0.93	0.75	1.14	0.4635
Overweight	1.13	0.97	1.32	0.1120
History of heart attack	1.25	0.73	2.11	0.4148
Diabetes	1.80	1.22	2.65	0.0029
Smoking	2.11	1.73	2.58	<0.0001

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 Followup cohort consists of 11,195 subjects, ages 25–74 years at NHANES I examination, who were not known to be deceased in the 1982–84, 1986, or 1987 NHANES I Epidemiologic Followup Study. Data are based on multiple logistic regression with race, sex, race-sex interaction and age at NHANES I examination included.

1976–80 National Health and Nutrition Examination Survey (8).

The results of the multiple logistic regression are presented in table B. The baseline risk factors of high cholesterol, elevated blood pressure, overweight, and history of heart attack did not have a statistically significant effect on loss to followup. Of the six baseline risk factors, only history of diabetes and smoking status had a significant effect on loss to followup. Subjects with a history of diabetes were 80 percent more likely to be lost to followup than nondiabetics ($p = 0.0029$). Smoking status had the strongest effect on loss to followup: Smokers at baseline were more than twice as likely to be lost to followup compared with nonsmokers ($p < 0.0001$). These results for smoking suggest that subjects who were lost to followup in the 1992 NHEFS may be somewhat more likely to have died compared with those who were successfully traced.

Interview Data Collection

Interview Procedures

An attempt was made to obtain an interview for all subjects who were successfully traced in the 1992 NHEFS. The procedures used to obtain interviews in the 1992 NHEFS were similar to those adopted in the previous waves of the NHEFS:

- An advance letter describing the Followup Study was sent to a surviving subject or a knowledgeable proxy respondent

(for a deceased subject or for a subject who was incapacitated and unable to participate in the interview), once that person was traced and located.

- The interviewer then called the subject or proxy to schedule an appointment for the interview.
- In contrast to the 1982–84 interview procedures, the 1992, 1987, and 1986 interviews were administered by telephone. (In 1982–84, the majority of the interviews were conducted in person.) When a telephone number was not available, the respondent was sent a mail questionnaire to complete. Any overnight health care facility stays reported during the interview were recorded on a hospital and health care facility chart.
- At the end of the interview, the respondent’s address was confirmed. This was done for tracing purposes as well as to ensure that a medical authorization form would be sent to the proper address to be signed and returned. This form was used to request health care facilities to release information from the subject’s medical records to the study. It was mailed to the respondent for his or her signature (or to a blood relative if the proxy respondent was not related to the subject) when at least one health care facility stay was reported during the interview and was listed on the subject’s hospital and health care facility chart. Subjects and proxies were remunerated \$5 for

agreeing to complete and return the medical authorization form.

The 1992 NHEFS interviews were conducted over the telephone using a computer-assisted telephone interviewing (CATI) system. CATI allows the telephone interviewer to enter the answers supplied by the respondent directly into the computer. Thus, editing and coding time is reduced, and keypunching from a hard-copy questionnaire is eliminated. A computer program drives the questionnaire so that the correct skip patterns are followed and the appropriate questions are displayed on the computer monitor. The skip patterns are based on information gathered either from previous data collection waves or from responses provided during the interview. For example, the several questions on pregnancy and menstrual history in the 1992 interview were programmed to be skipped automatically if the subject was male or if the female subject had a previous interview. Edit and logic checks are incorporated into the data collection system itself, thus improving the quality of the data.

The data collection period for the 1992 Followup began in June 1992 and ended in July 1993. Fieldwork was conducted by dividing the sample into three regions, with the first region having the largest sample size and the third region having the smallest sample size. Each region contained States from each time zone. Interviews were collected for 9,281 subjects, of which 9,238 (99.5 percent) were conducted by telephone and 43 (0.5 percent) were conducted by mail.

Questionnaire Types

The 1992 NHEFS questionnaire was designed to gather information on events that occurred since last contact regarding the subject’s living arrangement, occurrence and recurrence of selected chronic diseases, functional limitations, and hospital and nursing home experiences. To retain item comparability with NHANES I, the 1982–84, 1986, and the 1987 NHEFS surveys, a majority of the questions included on the 1992 NHEFS

questionnaire were the same as those used in the previous NHEFS surveys. New questions concerning skin cancer, outpatient cancer surgery, blood relative cancer history, hernia, health insurance and income, as well as an expanded section on female hormone use, were added to the 1992 NHEFS.

As in the previously conducted followups, two versions of the questionnaire were used in the 1992 NHEFS: The subject questionnaire and the proxy questionnaire (see [appendix I](#)). Surviving subjects were always administered the subject questionnaire. If the subject was alive but incapacitated, a slightly modified version of the subject questionnaire was administered to a proxy respondent. A separate proxy questionnaire was used only when the subject was deceased. It consisted of a subset of the questions from the subject questionnaire, with the addition of several questions related to the subject's death.

Note the distinction between a proxy respondent and the proxy questionnaire. A proxy respondent was the informant who answered questions when the subject was unable to participate in an interview, either because the subject was alive and incapacitated or because the subject was deceased. The proxy questionnaire, however, was the type of questionnaire administered only to the person who responded for a deceased subject. A total of 1,681 proxy respondents were interviewed in the 1992 NHEFS. Of these, 551 responded for an incapacitated subject and were administered a modified version of the subject questionnaire and 1,130 responded for a deceased subject and thus were administered the proxy questionnaire.

Nearly all 9,281 interviews collected in the 1992 NHEFS were conducted by telephone. However, during the main survey, when a subject or proxy could not be contacted by telephone, the respondent was mailed an abbreviated questionnaire (see [appendix I](#)). The mail questionnaire for surviving subjects was designed to collect information on (a) tracing for future recontacts, (b) subject's current living arrangements and medical history since

last contact, (c) name and address of hospitals and nursing homes in which the subject had stayed since last contact and the admission date for each stay, and (d) if the subject was female, reproductive and hormone use history. The mail questionnaire sent to the proxy respondent when the subject was deceased was designed to obtain the necessary information on (a) the subject's identity, (b) the name and address of hospitals and nursing homes in which the subject had stayed since last contact and the admission date for each stay, and (c) the locality of the subject's death.

A total of 43 mail questionnaires were received in the 1992 Followup, 41 were collected from surviving subjects, and 2 were collected from proxies for deceased subjects. Unlike the 1982–84 NHEFS, a returned mail questionnaire in the 1992 (and the 1986 and 1987) NHEFS constitutes an interview, and data from the mail questionnaires are included on the 1992 NHEFS Interview Tape.

Questionnaire Content

The subject and proxy telephone questionnaires were divided into sections according to topic area. The major topics are summarized in [figure 3](#). Where appropriate, entire sections or specific questions in some sections were omitted from the proxy questionnaire. In addition, certain sections of the questionnaire were included or omitted depending on whether the subject had completed an interview in a previous followup period.

Part A of the subject and proxy questionnaires included questions on the subject's household composition, marital status, future plans to work and health related reasons for reducing hours of work. The subject's race was ascertained only if the subject had not completed a previous interview.

Part B of the subject and proxy questionnaires contained a self-reported history of selected medical conditions. Specific questions were asked about

Demographic.....	Living arrangement, household composition, and marital status
Medical history	Arthritis, heart conditions, stroke, diabetes, hypertension, cancer, male sterilization, bone fractures, cataracts, blood relative cancer history, and other chronic conditions
Health care facility stays.....	History of overnight hospital and nursing home stays since last contact
Functional status.....	Activities of daily living
Cigarette smoking.....	History of use ¹ and current use
Alcoholic beverages.....	Use in past year
Vision and hearing.....	Corrective lenses and hearing acuity
Health habits and weight	Activity level, history, ¹ current weight, and calcium supplementation
Female medical history.....	Hormone use, pregnancies, ² births, ² breast examination and Pap smear test, and female sterilization
Death information.....	Place of death

¹ Information collected only if the subject had not been previously interviewed in a prior NHEFS survey period.
² Information collected only if the subject had not had an interview in a previous survey period or was under age 45 at the 1982-84 NHEFS interview.
 NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. NHEFS is defined as the NHANES I Epidemiologic Followup Study.

Figure 3. Questionnaire topics in the NHANES I Epidemiologic Followup Study, 1992

arthritis, gout, heart attack, coronary bypass surgery, pacemaker procedures, stroke, cancer, hypertension, diabetes, kidney disorders, urinary tract infections, hip and wrist fractures, pneumonia, flu, vasectomy, and other types of surgeries. The proxy questionnaire also included several questions in part B that pertain to the subject's place of death.

The wording of the medical condition questions in part B generally depended on whether the subject had been previously interviewed in 1982–84, 1986, or 1987 and, if so, whether a specific medical condition had been reported for the subject during that interview. If a certain medical condition had been reported in a previous NHEFS interview, the respondent in the 1992 interview was asked to recall any recurrences of that medical condition since the date of that interview. The respondent was asked to recall whether a doctor had ever told the subject that he or she had the medical condition in question if the condition had not been reported in a previous NHEFS interview, the condition was never asked about in a previous NHEFS interview, or an interview had not been conducted for the subject in 1982–84, 1986, and 1987.

Respondents also were asked to provide information on all overnight hospital, nursing home, or other nonhospital health care facility stays. Generally, respondents were asked to report all overnight facility stays since 1987 if the subject was last interviewed in the 1987 NHEFS, since 1985 if the subject was last interviewed in the 1986 NHEFS, since 1980 if the subject was last interviewed in the 1982–84 NHEFS, or since 1970 if the subject was last interviewed at the NHANES I examination. In the case where the respondent reported that the subject was first told about having the medical condition of interest before 1980, 1985, or 1987 and that information contradicted information obtained in the 1982–84, 1986, or 1987 NHEFS interview, he or she was asked to provide information on all hospital stays since 1970 for that condition.

The beginning of the recall period was defined as either 1970, 1980, 1985, or 1987 rather than the date of the

subject's most recent interview (that is, baseline examination, 1982–84 NHEFS, 1986 NHEFS, or 1987 NHEFS) for two main reasons. First, the beginning or midpoint of a decade may be an easier reference point for recalling events rather than the date of the subject's most recent interview. Second, given that respondents might have difficulty recalling the exact dates of facility stays, increasing the length of the recall period maximizes the probability of collecting information on health care facility stays that occurred since the date of the subject's most recent interview.

All overnight stays in health care facilities reported during the interview were recorded on the hospital and health care facility chart. The full name and address of the health care facility, date of admission, and reason(s) for the admission were obtained from the respondent for each stay and transcribed onto the chart.

Part C of the subject questionnaire concerned functional impairment. First, several questions were asked on paralysis, amputation, and severe arthritis of the limbs. The battery of functional limitation questions consisted of a modified subset of items from the Fries Functional Disability Scale for arthritis (9), the Rosow-Breslau Scale (10), and the Katz Activities of Daily Living Scale (11). The questions were designed to measure the subject's level of difficulty in doing a set of everyday activities without the help of another person or mechanical device. Information was also collected on whether help had been received and how this help affected the subject's ability to perform the activity. Thus, this information could be used to measure the impact of disease on functional ability as well as the actual functional level as affected by the receipt of help or use of devices. Subjects who were either bedridden, had loss of lower limb functions, or who were under 55 years of age at the time of the 1992 interview and had never reported arthritis in a previous interview were asked a subset of the functional limitation questions. Part C was omitted from the proxy questionnaire.

Part D consisted of questions pertaining to the subject's smoking and drinking habits. The questions were designed to obtain a brief history of the

subject's lifetime cigarette smoking behavior and overview of the subject's smoking and alcohol consumption in the past year. Smoking history questions were asked of the respondent only when a subject interview had not been previously conducted.

Part E contained questions on physical activity and current body weight for surviving subjects. A series of questions regarding the subject's weight history also was included in Part E for those subjects not previously interviewed. Part E was not included in the proxy questionnaire.

Part F consisted of questions designed to measure the subject's visual and auditory abilities. Part F was omitted from the proxy questionnaire.

Part G contained questions on female medical history, including pregnancy and menstrual history, use of birth control pills and post-menopausal hormones, and frequency of breast examination and Pap smear tests. The questions concerning pregnancy were asked only of female subjects (or their proxies) if the subject was under 45 years of age at the 1982–84 interview or had not been previously interviewed. Several new questions regarding calcium supplementation were added to the 1992 interview.

Part H in the subject questionnaire included questions pertaining to health insurance and income as well as questions designed to obtain the subject's Social Security and Medicare Numbers, if they had not been obtained previously. Part H was also used to confirm, for future tracing purposes, the name and address of all persons who participated in the interview (for example, subject, proxy, or assistant). Confirmation of name and address was also done so that a medical authorization form could be sent to the proper address to be signed and returned. The form was used to request health care facilities to release information from the subject's medical records to the study. It was sent to the subject or proxy (if the proxy was related to the subject and the subject was too ill to sign the form) to obtain his or her signature when at least one health care facility stay was reported and had been listed on the subject's

hospital and health care facility chart. When the proxy respondent was not related to the incapacitated subject who was unable to sign the medical authorization form, an attempt then was made in Part H to identify a relative who could sign it. Part H in the proxy questionnaire included questions designed to facilitate the acquisition of a subject's death certificate if it had not yet been received.

Part I was used by the interviewer to give his or her impressions regarding the quality of the interview and responses provided by the informant.

Interview Nonresponse

By the end of the 1992 NHEFS survey period (July 19, 1993), interviews had been conducted for 82.9 percent ($n = 9,281$) of the 11,195 subjects aged 25–74 years at NHANES I and not found to be deceased in the 1982–84, 1986, or 1987 NHEFS (92.1 percent of those successfully traced).

As shown in [figure 2](#), an interview was conducted for 8,151 (93.8 percent) of the 8,687 surviving subjects; 551 interviews were administered to a proxy respondent because the subject was incapacitated. A proxy interview was conducted for 1,130 (81.2 percent) of the 1,392 decedents identified in the 1992 NHEFS. In the 1992 NHEFS, only 6.2 percent ($n = 536$) of the traced surviving subjects were not interviewed. Proxy interviews were not conducted for 18.8 percent of decedents in the 1992 NHEFS.

[Table C](#) shows the interview nonresponse rates for the 1992 Followup by age at baseline examination, race, sex, and vital status. In the 1992 Followup the interview success rate was lower for decedents than for surviving subjects; this trend is observed across almost all age-sex-race groups. This difference occurs partly because many of the decedents were located from vital statistics files and no proxy could be identified.

To summarize how demographic factors relate to interview status, multiple logistic models were fitted to the cross-classification of age at baseline examination, race, and sex, with the

Table C. Number and percent of traced members of the NHANES I Epidemiologic Followup Study, 1992 Followup cohort, without a completed interview, by vital status at 1992 NHANES I Epidemiologic Followup Study and by race, sex, and age at NHANES I

Race, sex, and age ²	Subjects without complete interview ¹			
	Surviving		Deceased	
	Number	Percent	Number	Percent
All races ³				
Both sexes	536	6.2	262	18.8
Male:				
25–34 years	60	6.6	9	36.0
35–44 years	44	6.1	11	29.7
45–54 years	43	6.1	28	28.6
55–64 years	17	4.6	25	15.5
65–74 years	27	10.3	53	16.3
Female:				
25–34 years	98	5.1	9	33.3
35–44 years	99	6.0	14	23.7
45–54 years	62	6.4	12	14.5
55–64 years	34	5.6	29	21.5
65–74 years	52	9.1	72	16.3
White				
Both sexes	427	5.7	185	16.0
Male:				
25–34 years	49	6.1	5	27.8
35–44 years	33	5.2	9	29.0
45–54 years	32	5.2	24	27.9
55–64 years	14	4.2	23	16.9
65–74 years	22	9.6	38	13.9
Female:				
25–34 years	75	4.6	3	15.8
35–44 years	73	5.3	4	11.8
45–54 years	54	6.3	4	6.2
55–64 years	30	5.7	19	17.4
65–74 years	45	9.0	56	14.6
Black				
Both sexes	100	9.7	75	33.5
Male:				
25–34 years	8	9.2	4	57.1
35–44 years	8	11.9	2	40.0
45–54 years	11	13.6	4	36.4
55–64 years	2	6.5	2	10.0
65–74 years	5	16.1	14	28.6
Female:				
25–34 years	23	9.3	6	75.0
35–44 years	25	10.0	9	40.9
45–54 years	7	7.4	8	44.4
55–64 years	4	5.3	10	38.5
65–74 years	7	9.9	16	27.6

¹The 1992 Followup cohort consists of 11,195 subjects, ages 25–74 years at NHANES I examination, who were not known to be deceased in the 1982–84, 1986, or 1987 NHANES I Epidemiologic Followup Study (NHEFS). Percents are based on 8,687 surviving subjects and 1,392 deceased subjects at the time of the 1992 NHEFS.

²See [appendix II](#) for a discussion of revised race, corrected sex, and recalculated age at NHANES I.

³Includes races other than white or black.

NOTE: NHANES I is defined as the first National Health and Nutrition Examination Survey.

proportion of 1992 Followup subjects without an interview as the dependent variable. The analysis was limited to black and white respondents, because there were few subjects of other races ($n = 148$). Age at baseline examination was categorized into five 10-year age

groups (25–34 years through 65–74 years). The final model for surviving subjects includes an interaction term between sex and race ($p = 0.0252$). Thus, among survivors, black men were 3 times more likely not to be interviewed than white men, and black

women were slightly more than twice as likely not to have a completed subject interview than white women. Odds ratios relative to white men were 1.01 for white women, 2.29 for black women, and 3.16 for black men. Noninterview rates were highest among those 25–34 and 65–74 years of age at baseline and lowest for those 55–64 years of age. Odds ratios compared to subjects aged 55–64 years were 2.23 for 25–34 years, 1.75 for 65–74 years, 1.51 for 35–44 years, and 1.18 for 45–54 years.

The final model for decedents includes interactions between age at baseline examination and sex ($p = 0.0573$) and race and sex ($p = 0.0456$). Black female decedents were 2.5 times more likely not to have a proxy interview than white female decedents, but black male decedents were only 78 percent more likely not to have a proxy interview than white male decedents. Male decedents under the age of 55 at baseline examination were twice as likely to not have a proxy interview as those over the age of 55. Female decedents age 45–54 were the least likely to be missing a proxy interview and those age 25–34 were most likely not to have a completed proxy interview.

Health Care Facilities Data Collection

A major objective of the 1992 NHEFS is the collection of information on all overnight stays in health care facilities for members of the 1992 Followup cohort. The 1992 Followup cohort consisted of the 11,195 subjects who were not known to be deceased in the 1982–84, 1986, or 1987 NHEFS. Followup cohort members who have either an interview or a death certificate on the 1992 NHEFS data files were eligible for the health care facility records component. The aim of this component was to develop a complete set of health care facility (that is, hospital and nursing home) records for each 1992 Followup cohort member. This was accomplished by identifying all overnight stays in health care facilities through a series of reporting

mechanisms. Facilities were then contacted to obtain copies of medical records. Reports and medical records were then linked, and the 1992 NHEFS Health Care Facility Stay file was constructed. Critical periods for the collection of facility records in the 1992 NHEFS are illustrated in [figure 4](#). The time line at the top of the figure identifies the events or dates used to define reference periods. Each panel below the time line defines the reference period for an individual aspect of the facility data collection. Within a panel, each line shows how that period is defined for subjects with different interview histories.

The 1992 NHEFS Health Care Facility Stay file contains all information on overnight stays that are in-scope for the 1992 NHEFS period. This in-scope period covers the time between the most recent interview before the 1992 NHEFS and the date of the 1992 NHEFS interview. The four possible in-scope periods are illustrated in the first panel of [figure 4](#). The in-scope period for surviving subjects last interviewed in the 1987 NHEFS begins on the date of the 1987 interview and ends on the date of the 1992 interview. For deceased subjects last interviewed in 1987, the in-scope period runs from the date of the 1987 interview to the date of the subject's death. For subjects whose last interview was conducted during the 1986 Followup, the in-scope period begins on the date of the 1986 interview and ends on the date of the 1992 interview for survivors or on the date of death for decedents. The in-scope period for surviving subjects last interviewed in the 1982–84 Followup begins on the date of the 1982–84 interview and ends on the date of the 1992 interview. For deceased subjects last interviewed in 1982–84, the in-scope period runs from the date of the 1982–84 interview to the date of the subject's death. Subjects last contacted at the NHANES I examination have an in-scope period from the date of the NHANES I examination until the date of the 1992 interview or the date of death. Stays that were determined to have occurred before the in-scope period were defined as out of scope. When information on stays that occurred

before the 1992 in-scope period that had not been obtained in previous waves was collected during the 1992 wave, it was placed on the Supplemental Health Care Facility Stay file.

Identification of Stay Reports

Reports of overnight hospital or nursing home facility stays were obtained from various sources. Most reports were elicited through a series of detailed questions in part B of the interview, which includes questions about specific medical conditions. If a respondent reported that the subject had experienced a given condition, questions were then asked to determine whether the subject had ever been admitted to a health care facility because of the condition. If the condition had been reported in a previous interview, the respondent was asked to report all overnight facility stays for that condition that had occurred since 1987 if the subject was last interviewed in 1987, since 1985 if the subject was last interviewed in the 1986 NHEFS, since 1980 if the subject was last interviewed in the 1982–84 NHEFS, or since 1970 if the subject was last interviewed at the time of the NHANES I examination. If the condition had not been previously reported, respondents were asked to recall facility stays since 1970 if the condition first occurred before 1980, since 1980 if the condition first occurred between 1980 and 1985, or since 1985 if the condition first occurred after 1985. For respondents who provided inconsistent information during the 1992 interview (that is, information that contradicted the previous interview), the respondent recall period was extended back to 1970.

The respondent recall periods were defined to include reports of facility stays that were technically out of scope for the 1992 NHEFS (that is, facility stays that occurred before the date of last NHEFS interview). This was done for two reasons. First, the years 1970, 1980, and 1985 may be more meaningful reference points for respondents than the date of the last interview. Second, to the extent that subjects misreport the dates of hospital or nursing home stays, increasing the

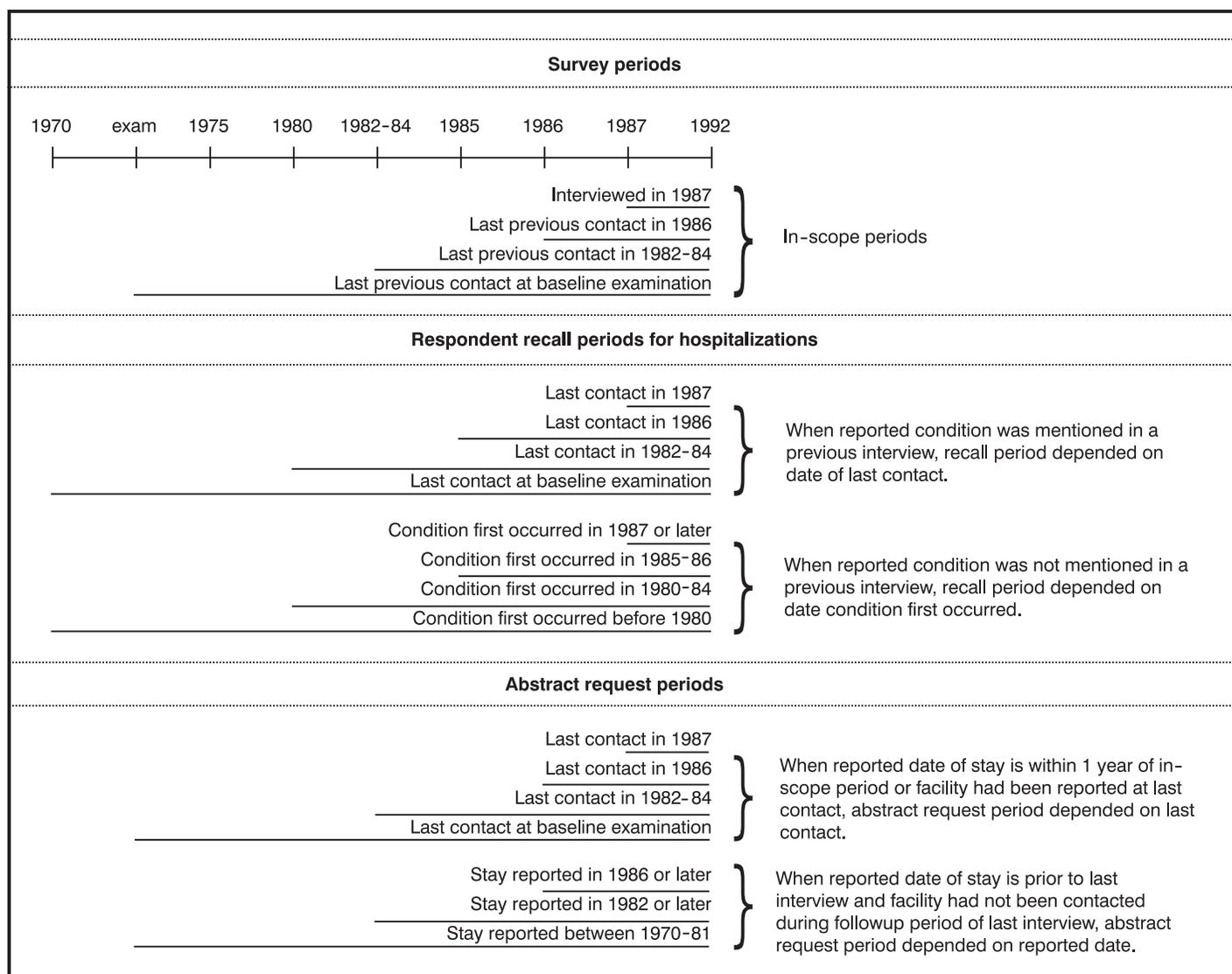


Figure 4. Survey period, respondent recall period, and facility abstract request period, by previous interview status: NHANES I Epidemiologic Followup Study, 1992

period of reporting will maximize the probability of collecting information on all facility stays that are truly in scope for 1992. The relationship between in-scope and respondent recall periods is illustrated in [figure 4](#). In addition to interview information, data on facility stays were gathered from other reporting sources: Death certificates, tracing sources, and other facility abstracts. At the conclusion of the interview, authorization was obtained to contact facilities.

Facility Data Collection

For each stay reported during the interview, the name and address of the facility, the reported dates of the stay,

and the reason for the stay were recorded on the hospital and health care facility chart. (See [appendix I](#).) A separate log book was kept containing similar data for reports gathered from the death certificates, tracing sources, and other facility abstracts. All reports of facility stays were compiled and entered into a computerized tracking system. For each subject, the list of reported stays was checked against the list of facilities that were contacted for the subject in previous NHEFS interviews. To avoid duplication with previous NHEFS Health Care Facility Stay files, reports were deleted from the tracking system if the reported dates of admission on the 1992 NHEFS were more than 1 year before the previous

NHEFS interview (that is, out of scope for the 1992 NHEFS), unless the facility named in the report had not been contacted during the followup corresponding to the previous interview. For example, if a respondent reported being hospitalized since the beginning of 1986 for a given condition and the reported date of admission was more than 1 year before the 1987 interview, the facility mentioned would not normally be asked for information about the stay. However, if the facility had not been contacted in 1987, information about the stay would be requested from the facility.

All facilities in which stays were reported were contacted by mail during the period October 1992–September

1993 and asked to review the subject’s medical records; to abstract information on exact dates of admission, discharge, and diagnoses; and to place the information on standard forms. (See [appendix I](#) for copies of the facility contact letters and the abstract forms.) Because many respondents may not have remembered correctly the dates of hospitalizations, the requests to the facilities did not specify the reported dates of admission. Rather, facilities were asked to complete abstract forms for all stays since the date of last NHEFS contact. In some cases, an out-of-scope report was obtained for a facility that had not been contacted in a previous NHEFS. When this occurred, the facility was directed either to send all abstracts since 1970 or 1980, depending on the time of the last contact with the subject. The different facility abstract request periods are illustrated in [figure 4](#). These procedures sometimes resulted in the receipt of previously unobtained abstracts that were out of scope for the 1992 survey but in scope for other NHEFS Followup periods. The NHEFS Supplemental Health Care Facility Stay file includes these records. In addition to completing abstract forms, health care facilities were requested to submit photocopies of selected sections of the subject’s inpatient record: The facesheet, the discharge summary, and pathology reports (for any admission where a new malignancy was diagnosed).

Matching Records

As the abstracts were received, each was checked against report information in the tracking system to determine whether the abstract “matched” any of

the reported stays. Date of admission and diagnosis were used as matching criteria, but exact matches on date or diagnosis were not required for a stay to be considered matched. Abstracts were matched to reports if the reported date of admission was within a year before or after the actual date of admission and if one reported reason for admission involved the same body system as one of the diagnoses present on the abstract. Because the matching rules allowed for an admission date of up to 1 year before or after the reported date of admission, some abstracts are present on the file with a match record status and an out-of-scope report date. These records are identified by a type C flag in position 199 of the file. Cases that did not meet these matching criteria were reviewed by National Center for Health Statistics (NCHS) staff and matched when appropriate using supplemental information available from the facility record.

Each record on the file represents an overnight facility stay. Therefore, one or more records will exist for some 1992 Followup cohort subjects, whereas other subjects will have no records on the file. The structure of the data file reflects the system used to obtain and process stay information. The record is divided into four major sections: The report section, the record status section, the abstract section, and the related stay section. An example of the record layout is provided in [figure 5](#).

The first section of the record is the report section, which contains information from the reporting source as well as stay identification numbers assigned by NCHS. The record status section contains a code for the result of the abstract request, that is, match or

nonmatch status. The abstract section contains the information obtained from the facility records, including actual admission and discharge dates and diagnoses. The diagnoses on the abstracts were coded using the *International Classification of Diseases, 9th Revision, Clinical Modification* (12) according to the medical coding specifications detailed in the 1992 NHEFS Health Care Facility Stay file documentation. Discharge diagnoses were coded for hospitals, but admitting diagnoses were coded for nursing homes. The final section of the record, the related stay section, is used to identify stays that are contained within other stays. This occurred most often when nursing home residents had a brief hospital stay but then returned to the nursing home. A detailed example of the related stay section is contained in the introduction to the Health Care Facility Stay file documentation.

Information will be present in one section or more of the record depending on whether a report was obtained, whether an abstract was received, and how the stay relates to other stays on the file. The presence or absence of information in the first three sections results in three different record profiles. [Figure 6](#) illustrates these three profiles. The first is the successfully matched stay record; that is, where an abstract was received that matched a report. Abstract information was added to the record for that report and the code of “MAT” (match) was entered into the record status section. Complete information is available for these stays. The second type occurs when an abstract was not matched to a report, and, therefore no data are contained in the abstract section. The appropriate

Report section	Record status section	Abstract section	Related stay section
<ul style="list-style-type: none"> • Facility identifiers • Reported date of admission • Reported cause of admission • Source of report 	<ul style="list-style-type: none"> • Match or reason for nonmatch 	<ul style="list-style-type: none"> • Actual dates of admission and discharge • Diagnoses (<i>International Classification of Diseases, 9th Revision, Clinical Modification</i>) • Discharge status from hospitals and nursing homes 	<ul style="list-style-type: none"> • Codes assigned by the National Center for Health Statistics to identify stays contained within other stays

Figure 5. Health care facility record layout: NHANES I Epidemiologic Followup Study, 1992

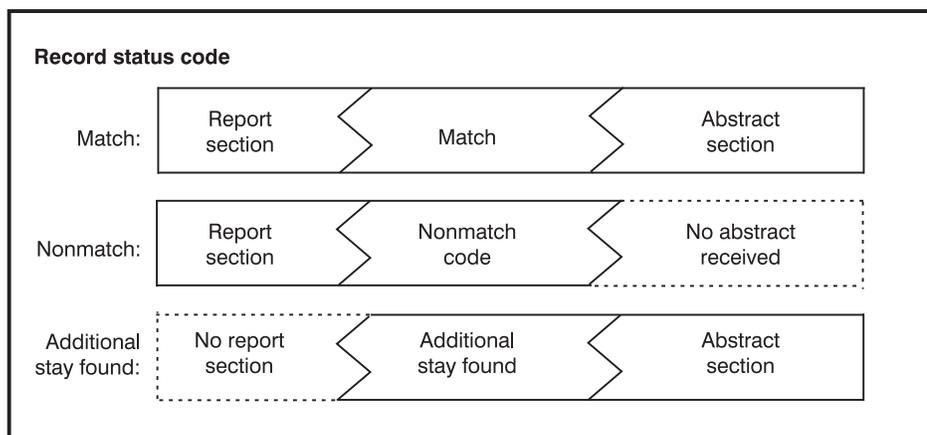


Figure 6. Examples of matching process and record status codes: NHANES I Epidemiologic Followup Study, 1992

nonmatch code was entered in the record status section. The third type of record is one generated solely by the receipt of a facility abstract. This type of record resulted when the facility returned an in-scope abstract that did not match any report on the tracking system. When this occurred, the abstract was entered on the file, stay identifiers were assigned in the report section of the record, but no other information was given in the report section. A code of “ASF” (additional stay found) was entered in the record status section.

Because of the procedures instituted for maximizing the collection of reports of hospital or nursing home stays (that is, deliberately requesting out-of-scope report information), it was necessary to devise rules for removing the “correctly reported” out-of-scope reports from the final version of the file. This was only possible after the facilities submitted the abstract information. As was previously mentioned, reports of stays with a reported date of admission more than 1 year before the last interview were eliminated from the tracking system before contacting the facilities by mail if the facility had been contacted in the previous interview period. However, if the facility had not been contacted previously, the report was kept on the tracking system and flagged with a “D” in position 199. If an in-scope abstract was received from the facility, it was added onto the file with a record status code of “ASF,” and the type D report was deleted from the final version of the file. If the facility responded to the request but no in-scope abstracts were

received from the facility, the type D report was deleted from the file based on the presumption that the date was correctly reported and the stay was out of scope. In one instance, it was impossible to contact the facility and the type D report remains on the final version of the file. This record for an unconfirmed report of an out-of-scope stay can be eliminated from analysis at the analyst’s discretion. A type C flag was assigned in position 199 when a reported date of admission was within 1 year of the previous interview. If an in-scope abstract was returned that matched the type C report, it was assigned a record status code of “MAT.” (The matching rules permitted an admission date of up to 1 year before or after the reported date of admission.) If the facility responded to the request but no in-scope abstracts were received from the facility, the type C reports were removed from the file, the assumption being that the correct date was reported and that the stay was truly out of scope. When the facility could not be contacted, refused to participate, or did not respond or when the subject did not provide the necessary authorization to obtain the records, type C reports were retained on the file. These unconfirmed reports of out-of-scope stays are identified by a nonmatch status in positions 60–62 and a type C flag in position 199.

Results of the Health Care Facility Data Collection

The file contains a total of 10,535 records: 9,337 (88.6 percent) records are

for hospital stays, 1,108 (10.5 percent) for nursing home stays, and 90 (0.9 percent) for stays in facilities of unknown types. The distribution of stays is given in table D. Of the traced followup cohort, 41.3 percent ($n = 4,162$) have at least one stay on the file; 4,007 subjects have at least one hospital stay, 805 subjects have at least one nursing home stay, and 69 subjects have at least one stay in a facility of unknown type. Among the 4,162 subjects with at least one stay on the file, 702 have a stay in more than one type of facility and 17 have at least one stay in each of the three classifications of facility.

The completeness of the data file can be assessed by examining the codes in the record status section of the file. Of the 10,535 records on the file, 5,814 (55.2 percent) are matches, 2,182 (20.7 percent) are additional stays found, and 2,539 (24.1 percent) are nonmatch codes (table E). The match rate varies little by sex, with 54.2 percent of the stays reported by men and 55.8 percent of the stays reported by women being matched to a facility abstract. Stays reported by black subjects had a lower match rate (45.1 percent) compared to a match rate of 56.8 percent for white subjects. There was no consistent trend in match rates by age group. The lowest rate was found for stays reported by those who were 55–64 years old at examination (52.9 percent). Stays reported by those under 55 years of age at examination were matched in about 57 percent of the records, and for those 65 years and over at examination the match rate was 53.3 percent. There are 2,539 records potentially missing from the file (that is, no abstract was received from the facility which matches a report on the tracking system). The most common cause of failure to obtain an abstract (63.6 percent, $n = 1,616$) occurred because the facility did not return an abstract that matched the report. In these cases, the facility may have responded that the subject was never in that facility (code of “XNH” in positions 60–62) or the facility responded to the survey but returned no abstract matching the specifically reported stay (XNS). The next most

Table D. Number of facility stays, distribution of subjects by number of stays, mean number of stays, and percent of traced cohort with at least one stay in the NHANES I Epidemiologic Followup Study, 1992 Followup cohort, by race, sex, and age at NHANES I

Race, sex, and age ¹	Total stays	Number of subjects by number of stays			Percent of traced cohort with at least 1 stay	Mean number of stays	
		Total stays	1 stay	2 stays			3 stays or more
All races²							
Both sexes	10,535	4,162	1,845	920	1,397	41.3	2.5
Male:							
25–34 years	403	214	131	41	42	23.0	1.9
35–44 years	539	257	126	58	73	33.9	2.1
45–54 years	883	385	182	98	105	47.8	2.3
55–64 years	1,054	344	116	75	153	64.4	3.1
65–74 years	1,278	413	123	97	193	70.4	3.1
Female:							
25–34 years	1,013	541	332	118	91	27.9	1.9
35–44 years	1,078	524	290	116	118	30.4	2.1
45–54 years	1,028	413	178	96	139	39.4	2.5
55–64 years	1,072	391	170	79	142	52.8	2.7
65–74 years	2,187	680	197	142	341	67.0	3.2
White							
Both sexes	9,067	3,595	1,584	800	1,211	41.3	2.5
Male:							
25–34 years	353	186	114	36	36	22.5	1.9
35–44 years	468	228	116	47	65	34.0	2.1
45–54 years	785	344	162	89	93	48.9	2.3
55–64 years	943	309	105	71	133	65.3	3.1
65–74 years	1,075	358	106	87	165	71.5	3.0
Female:							
25–34 years	839	454	284	95	75	27.3	1.8
35–44 years	866	428	238	97	93	30.2	2.0
45–54 years	912	361	150	84	127	38.9	2.5
55–64 years	885	332	143	71	118	52.0	2.7
65–74 years	1,941	595	166	123	306	67.5	3.3
Black							
Both sexes	1,393	531	242	115	174	42.2	2.6
Male:							
25–34 years	50	28	17	5	6	29.8	1.8
35–44 years	65	27	9	11	7	37.5	2.4
45–54 years	82	35	18	8	9	38.0	2.3
55–64 years	98	30	10	3	17	58.8	3.3
65–74 years	193	52	17	9	26	65.0	3.7
Female:							
25–34 years	169	82	43	23	16	32.3	2.1
35–44 years	190	84	45	17	22	31.0	2.3
45–54 years	115	51	27	12	12	45.1	2.3
55–64 years	186	58	26	8	24	57.4	3.2
65–74 years	245	84	30	19	35	65.1	2.9

¹See appendix II for a discussion of revised race, corrected sex, and recalculated age at NHANES I examination.

²Includes races other than white or black.

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 Followup cohort consists of 11,195 subjects, ages 25–74 years at NHANES I examination, who were not known to be deceased in the 1982–84, 1986, or 1987 NHANES I Epidemiologic Followup Study. The traced cohort consists of 10,079 subjects who were not lost to followup at the time of the 1992 interview.

common reason was because the facility did not respond in any way to requests for abstracts (10.3 percent, *n* = 261). These records are coded “ONR” in positions 60–62. Other reasons for nonmatch include (9.8 percent, *n* = 248) a facility refusal to send abstracts (designated REF), 8.5 percent because the participant refused to authorize data

collection (*n* = 216, coded ANO) and 4.4 percent (*n* = 111) because the facility could not be contacted (FNC). For 77 stays the facility reported that the records were lost or destroyed (XRD), and for 10 stays an administrative code of “CRX” was assigned to indicate a missing abstract for a stay that was in progress at the

time of the last interview. (These data are not shown in the tables.)

NHEFS Supplemental Health Care Facility Stay File

The NHEFS Supplemental Health Care Facility Stay file was created as a result of the substantial number of

Table E. Number and percent distribution of record status codes for the NHANES I Epidemiologic Followup Study, 1992 Followup cohort, by type of record status code, according to race, sex, and age at NHANES I

Race, sex, and age ¹	Total number	Percent	Record status code					
			Match		Additional stay found		Nonmatch	
			Number	Percent	Number	Percent	Number	Percent
All races²								
Both sexes	10,535	100.0	5,814	55.2	2,182	20.7	2,539	24.1
Male	4,157	100.0	2,255	54.2	913	22.0	989	23.8
25–34 years	403	100.0	249	61.8	51	12.7	103	25.6
35–44 years	539	100.0	309	57.3	100	18.6	130	24.1
45–54 years	883	100.0	490	55.5	179	20.3	214	24.2
55–64 years	1,054	100.0	539	51.1	278	26.4	237	22.5
65–74 years	1,278	100.0	668	52.3	305	23.9	305	23.9
Female	6,378	100.0	3,559	55.8	1,269	19.9	1,550	24.3
25–34 years	1,013	100.0	575	56.8	149	14.7	289	28.5
35–44 years	1,078	100.0	636	59.0	196	18.2	246	22.8
45–54 years	1,028	100.0	585	56.9	185	18.0	258	25.1
55–64 years	1,072	100.0	585	54.6	253	23.6	234	21.8
65–74 years	2,187	100.0	1,178	53.9	486	22.2	523	23.9
White								
Both sexes	9,067	100.0	5,147	56.8	1,769	19.5	2,151	23.7
Male	3,624	100.0	2,018	55.7	745	20.6	861	23.8
25–34 years	353	100.0	230	65.2	45	12.7	78	22.1
35–44 years	468	100.0	272	58.1	81	17.3	115	24.6
45–54 years	785	100.0	446	56.8	155	19.7	184	23.4
55–64 years	943	100.0	485	51.4	241	25.6	217	23.0
65–74 years	1,075	100.0	585	54.4	223	20.7	267	24.8
Female	5,443	100.0	3,129	57.5	1,024	18.8	1,290	23.7
25–34 years	839	100.0	487	58.0	113	13.5	239	28.5
35–44 years	866	100.0	542	62.6	149	17.2	175	20.2
45–54 years	912	100.0	529	58.0	158	17.3	225	24.7
55–64 years	885	100.0	501	56.6	185	20.9	199	22.5
65–74 years	1,941	100.0	1,070	55.1	419	21.6	452	23.3
Black								
Both sexes	1,393	100.0	628	45.1	395	28.4	370	26.6
Male	488	100.0	213	43.6	157	32.2	118	24.2
25–34 years	50	100.0	19	38.0	6	12.0	25	50.0
35–44 years	65	100.0	34	52.3	16	24.6	15	23.1
45–54 years	82	100.0	38	46.3	18	22.0	26	31.7
55–64 years	98	100.0	46	46.9	36	36.7	16	16.3
65–74 years	193	100.0	76	39.4	81	42.0	36	18.7
Female	905	100.0	415	45.9	238	26.3	252	27.8
25–34 years	169	100.0	85	50.3	36	21.3	48	28.4
35–44 years	190	100.0	83	43.7	40	21.1	67	35.3
45–54 years	115	100.0	56	48.7	27	23.5	32	27.8
55–64 years	186	100.0	84	45.2	68	36.6	34	18.3
65–74 years	245	100.0	107	43.7	67	27.3	71	29.0

¹See [appendix II](#) for a discussion of revised race, corrected sex, and recalculated age at the NHANES I examination.

²Includes races other than white or black.

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 Followup cohort consists of 11,195 subjects, ages 25–74 years at NHANES I examination, who were not known to be deceased in the 1982–84, 1986, or 1987 NHANES I Epidemiologic Followup Study.

out-of-scope abstracts received from facilities during the 1992 NHEFS. These abstracts should have been received in an earlier NHEFS wave. The large number of abstracts was partly due to the procedures instituted for maximizing the collection of reports of hospital or nursing home stays, i.e., deliberately requesting out-of-scope report

information. A total of 70 abstracts were collected for 52 subjects. Thirty-nine of these abstract records replace nonmatch records on the 1982–84, 1986, or 1987 NHEFS. For data analysis, the Supplemental file should be used with one or more of the previous NHEFS Health Care Facility Stay (HCFS) files and not as the sole data source. The

Supplemental HCFS file records contain data from the first three NHEFS waves.

Death Certificate Collection

Deaths identified by the National Death Index (7), Health Care Financing Administration, or other tracing sources

Table F. Number of deaths and percent of decedents without an available death certificate among the NHANES I Epidemiologic Followup Study, 1992 Followup cohort, by race, sex, and age at NHANES I

Race, sex, and age ¹	Number of deaths	Percent without a death certificate
All races ²		
Both sexes	1,392	1.3
Male:		
25–34 years	25	–
35–44 years	37	–
45–54 years	98	–
55–64 years	161	0.6
65–74 years	325	0.3
Female:		
25–34 years	27	7.4
35–44 years	59	5.1
45–54 years	83	2.4
55–64 years	135	3.0
65–74 years	442	1.1
White		
Both sexes	1,154	1.2
Male:		
25–34 years	18	–
35–44 years	31	–
45–54 years	86	–
55–64 years	136	0.7
65–74 years	273	0.4
Female:		
25–34 years	19	10.5
35–44 years	34	2.9
45–54 years	65	3.1
55–64 years	109	2.8
65–74 years	383	1.0
Black		
Both sexes	224	1.3
Male:		
25–34 years	7	–
35–44 years	5	–
45–54 years	11	–
55–64 years	20	–
65–74 years	49	–
Female:		
25–34 years	8	–
35–44 years	22	4.5
45–54 years	18	–
55–64 years	26	3.8
65–74 years	58	1.7

– Quantity zero.

¹See [appendix II](#) for a discussion of revised race, corrected sex, and recalculated age at NHANES I examination.

²Includes races other than white or black.

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 Followup cohort consists of 11,195 subjects, ages 25–74 years at NHANES I who were not known to be deceased in the 1982–84, 1986, or 1987 NHANES I Epidemiologic Followup Study (NHEFS). Percents are based on the 1,392 deceased subjects in the 1992 NHEFS.

were verified by obtaining the death certificate from the vital statistics office of the State of death. These death certificates were coded by NCHS using the *Ninth Revision, International Classification of Diseases (ICD–9–CM)* multiple cause-of-death codes (13).

A member of the 1992 Followup cohort was considered deceased only if

a death certificate was received or a proxy interview was completed to verify the death. A death certificate and a proxy interview are available for 1,112 (79.9 percent) of the 1,392 subjects identified as having died from the last contact to the 1992 NHEFS. Eighteen (1.3 percent) of the decedents have only a proxy interview, and 262

(18.8 percent) have only a death certificate. Overall, death certificates were obtained for 1,374 (98.7 percent) of the decedents in the 1992 Followup cohort. Efforts to locate all missing death certificates continue.

The percent of decedents for whom a death certificate was not available according to age at baseline examination, sex, and race is shown in [table F](#). Death certificates were obtained for a high percent of decedents among the age-sex-race groups (from 89.5 to 100.0 percent among cells with 10 deaths or more). The proportion of women missing a death certificate was 2.1 percent ($n = 16$), down from 7.5 percent in the 1987 survey period, and the proportion of men missing a death certificate was just 0.3 percent ($n = 2$), down from 3.8 percent in 1987. The proportion of black decedents and white decedents missing death certificates was approximately equal.

1992 analytic cohort

This document has focused on the tracing and data collection results for those subjects 25–74 years of age at NHANES I who were not known to be deceased in the 1982–84, 1986, or 1987 NHEFS. In this section the discussion is expanded to examine the “1992 analytic cohort,” the entire cohort of subjects who were 25–74 years of age at their NHANES I examination ($n = 14,407$), regardless of their previous vital status or interview status.

As shown in [figure 7](#), definitive information on vital status at followup, obtained from the 1982–84, 1986, 1987, or 1992 NHEFS, is available for the vast majority of the 14,407 subjects in the 1992 analytic cohort. Only 3.8 percent ($n = 546$) of the members in the 1992 analytic cohort were lost to followup in all four NHEFS waves. In 1992, 65 subjects who had been lost to followup in all previous NHEFS waves were traced; however, an additional 570 subjects who had been traced and found to be alive in previous waves were lost in 1992. Approximately 32 percent ($n = 4,604$) of the 1992 analytic cohort was deceased; 3,212 subjects were identified as deceased in the 1982–84, 1986, or 1987 NHEFS, and an additional 1,392

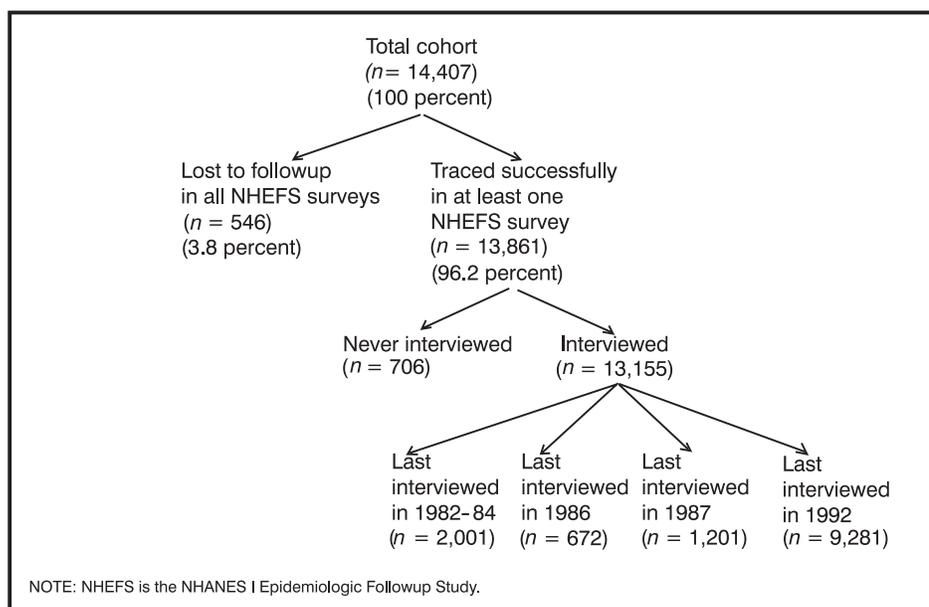


Figure 7. Tracing status of the NHANES I Epidemiologic Followup Study cohort

subjects identified as deceased in the 1992 NHEFS. A death certificate is available for 4,497 (97.7 percent) of the decedents.

The success of the tracing efforts for the 1992 analytic cohort according to age at baseline examination, race, and sex is shown in [table G](#). To summarize how these demographic factors were related to tracing success, a multiple logistic model was fitted to the cross-classification of age, race, and sex, with the proportion of subjects who were lost to followup as the dependent variable. The analysis was limited to black and white subjects, because there were few subjects of other races ($n = 172$). Additional analytic definitions and parameters used for this analysis of subjects lost to followup have been described previously in the section of this report entitled “Study design and tracing activities.” The final model included interactions for race and sex ($p = 0.0023$) and age and sex ($p = 0.0534$). The smallest p value for a deleted term was 0.27. Black men were more than 3 times as likely as white men to be lost to followup, and black women were 69 percent more likely than white women to be lost. Odds ratios relative to white women, the group with the lowest rates of loss to followup, are 1.17 for white men, 3.83 for black men,

and 1.69 for black women. Rates of lost to followup were highest among subjects 25–34 years of age at baseline and lowest among subjects 65–74 years of age for men and women. However, the loss to followup rate for those subjects 25–34 and 45–54 years of age were more than 50 percent higher for women than for men.

Analysis using a multiple logistic regression was conducted for black and white subjects to determine whether those subjects lost to followup in the 1992 analytic cohort were at relatively high risk of death. The regression model included (in addition to age, race, sex, and interaction terms for race and sex and for age and sex) six health characteristics measured during NHANES I that have been established as risk factors for mortality: High blood pressure, high cholesterol, overweight, history of heart attack, history of diabetes, and smoking status. Definitions of these risk factors are described in the section of this report entitled “Study design and tracing activities.”

The results of this multiple logistic regression are presented in [table H](#). The baseline risk factors of high cholesterol, overweight, and history of heart attack or diabetes did not have a statistically significant effect on loss to followup. Of the six baseline risk factors, only high

blood pressure and smoking status had a significant effect on loss to followup. Subjects with high blood pressure were 25 percent less likely to be lost to followup ($p = 0.0333$) than were subjects with normal systolic readings. Current smokers were twice as likely as nonsmokers to be lost to followup ($p < 0.0001$). These results for smoking suggest that those subjects who were lost to followup in the 1992 NHEFS may be somewhat more likely to have died compared with those who were successfully traced. However, because the proportion lost to followup is relatively small compared with the proportion deceased in the 1992 analytic cohort (0.04 versus 0.32), there should be relatively little bias in mortality findings as a result of loss to followup.

[Table J](#) gives the results for death certificate data collection for the analytic cohort by age at NHANES I examination as well as for race and sex. Death certificates were obtained for a high percent of decedents among the age-sex-race groups (from 89.7 to 100.0 percent). Black decedents were 2.4 times more likely than white decedents to not have a death certificate, and women were 66 percent more likely than men to not have a death certificate.

Ongoing Activities

Five public use data tapes containing vital and tracing status, interview, health care facility stay, and mortality data from the 1992 NHEFS are available from the National Technical Information Service (NTIS). The Vital and Tracing Status Data Tape contains summary information from all waves of followup for all 14,407 members of the NHEFS cohort. The Interview Data Tape contains information from 9,281 interviews (7,600 subject and 1,681 proxy interviews) collected during the 1992 NHEFS interview data collection period. The Health Care Facility Stay Data Tape contains 10,535 stay records. It has the same format as the Revised 1982–84 NHEFS and the 1986 and the 1987 NHEFS Health Care Facility Stay Data Tapes. A Supplemental Health Care Facility Stay data tape has been created to provide information on overnight

Table G. Number and percent distribution of subjects by status at followup in the NHANES I Epidemiologic Followup Study, 1992 analytic cohort, by race, sex, and age at NHANES I

Race, sex, and age ¹	Status at followup							
	All respondents	Surviving			Lost to followup			Lost to followup
		Deceased	Deceased	Deceased	All subjects	Surviving	Deceased	
	Number				Percent distribution			
All races ²	14,407	9,257	4,604	546	100.0	64.3	32.0	3.8
Male:								
25–34 years	1,127	996	50	81	100.0	88.4	4.4	7.2
35–44 years	928	773	114	41	100.0	83.3	12.3	4.4
45–54 years	1,060	739	304	17	100.0	69.7	28.7	1.6
55–64 years	860	388	462	10	100.0	45.1	53.7	1.2
65–74 years	1,836	275	1,540	21	100.0	15.0	83.9	1.1
Female:								
25–34 years	2,382	2,070	68	244	100.0	86.9	2.9	10.2
35–44 years	2,013	1,771	163	79	100.0	88.0	8.1	3.9
45–54 years	1,220	1,005	187	28	100.0	82.4	15.3	2.3
55–64 years	964	634	321	9	100.0	65.8	33.3	0.9
65–74 years	2,017	606	1,395	16	100.0	30.0	69.2	0.8
White								
Both sexes	12,036	7,945	3,702	389	100.0	66.0	30.8	3.2
Male:								
25–34 years	964	871	36	57	100.0	90.4	3.7	5.9
35–44 years	802	679	95	28	100.0	84.7	11.8	3.5
45–54 years	895	643	240	12	100.0	71.8	26.8	1.3
55–64 years	741	348	387	6	100.0	47.0	52.2	0.8
65–74 years	1,501	235	1,257	9	100.0	15.7	83.7	0.6
Female:								
25–34 years	1,980	1,752	44	184	100.0	88.5	2.2	9.3
35–44 years	1,609	1,452	102	55	100.0	90.2	6.3	3.4
45–54 years	1,047	893	133	21	100.0	85.3	12.7	2.0
55–64 years	819	548	264	7	100.0	66.9	32.2	0.9
65–74 years	1,678	524	1,144	10	100.0	31.2	68.2	0.6
Black								
Both sexes	2,199	1,197	864	138	100.0	54.4	39.3	6.3
Male:								
25–34 years	144	112	13	19	100.0	77.8	9.0	13.2
35–44 years	107	77	18	12	100.0	72.0	16.8	11.2
45–54 years	154	87	62	5	100.0	56.5	40.3	3.2
55–64 years	105	35	66	4	100.0	33.3	62.9	3.8
65–74 years	313	37	264	12	100.0	11.8	84.3	3.8
Female:								
25–34 years	369	294	24	51	100.0	79.7	6.5	13.8
35–44 years	365	286	58	21	100.0	78.4	15.9	5.8
45–54 years	167	107	54	6	100.0	64.1	32.3	3.6
55–64 years	142	83	57	2	100.0	58.5	40.1	1.4
65–74 years	333	79	248	6	100.0	23.7	74.5	1.8
Other								
Both sexes	172	115	38	19	100.0	66.9	22.1	11.0
Male:								
25–34 years	19	13	1	5	100.0	68.4	5.3	26.3
35–44 years	19	17	1	1	100.0	89.5	5.3	5.3
45–54 years	11	9	2	–	100.0	81.8	18.2	–
55–64 years	14	5	9	–	100.0	35.7	64.3	–
65–74 years	22	3	19	–	100.0	13.6	86.4	–
Female:								
25–34 years	33	24	–	9	100.0	72.7	–	27.3
35–44 years	39	33	3	3	100.0	84.6	7.7	7.7
45–54 years	6	5	–	1	100.0	83.3	–	16.7
55–64 years	3	3	–	–	100.0	100.0	–	–
65–74 years	6	3	3	–	100.0	50.0	50.0	–

– Quantity zero.

¹See [appendix II](#) for a discussion of revised race, corrected sex, and recalculated age at the NHANES I examination.²Includes races other than white or black.

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 analytic cohort consists of 14,407 subjects, ages 25–74 years and over at NHANES I examination.

Table H. Odds ratios, confidence intervals, and statistical significance for selected health characteristics on loss to followup for the NHANES I Epidemiologic Followup Study, 1992 analytic cohort

Baseline characteristic	Odds ratio	95-percent confidence interval		<i>p</i> value
		Lower bound	Upper bound	
High blood pressure	0.75	0.57	0.98	0.0333
High cholesterol	0.95	0.70	1.28	0.7208
Overweight	1.11	0.89	1.37	0.3519
History of heart attack	0.91	0.42	1.97	0.8027
Diabetes	1.21	0.68	2.15	0.5238
Smoking	2.04	1.53	2.70	<0.0001

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 analytic cohort consists of 14,407 subjects, ages 25–74 years at NHANES I examination. Data are based on multiple logistic regression with race, sex, age at NHANES I examination and race-sex and age-sex interaction terms included.

facility stays that occurred outside the reported followup period. For example, an abstract collected in 1992 that should have been received and placed on a Health Care Facility Stay data tape in an earlier wave (1982–84, 1986, or 1987) would be placed on the Supplemental HCFS file.

Thirty-nine of the seventy records on the Supplemental HCFS file replace records from previous survey periods that contained only reported overnight stay information. These records now contain the reported stay and a matched facility abstract. The remaining 31 records contain information on previously uncollected facility stay reports.

The Mortality Data Tape includes information abstracted from the death certificates from the four NHEFS survey periods for all deceased subjects for whom a death certificate is available. Of the 4,497 death certificates on the 1992 Mortality Data File, 1,935 are for subjects who died and for whom death certificates were obtained during the 1982–84 survey period, 33 are for those who died during the 1982–84 NHEFS survey period but for whom death certificates were not obtained until after the 1982–84 NHEFS ended, 616 are for deceased subjects for whom death certificates were obtained during the 1986 NHEFS, 524 are for subjects who died during the 1987 NHEFS survey period, 15 are for those who died during the 1987 NHEFS survey period but for whom death certificates were not obtained until after the 1987 NHEFS ended, and 1,374 are for deceased subjects for whom death certificates

were obtained during the 1992 NHEFS.

The 1992 data tapes should be used with the data tapes from the NHANES I survey and the 1982–84, 1986, and 1987 NHEFS's tapes to investigate the effects of baseline measures on subsequent health status. All NHEFS Public Use data tapes are available through NTIS. The study identification number (the sample sequence number) can be used to link the files from any of the followup surveys to all NHANES I files.

Additional information on the NHEFS cohort will be available in future years. While no interview recontacts are currently planned for this cohort, mortality data collection is scheduled to continue indefinitely. Current plans are to continue passive tracing and collecting cause-of-death information for the NHEFS cohort by matching records to the National Death Index. NCHS will produce an updated mortality file through 1997 that will extend the followup period to 25 years.

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Table J. Number of deaths and percent of decedents without an available death certificate among the NHANES I Epidemiologic Followup Study, 1992 analytic cohort, by race, sex, and age at NHANES I

Race, sex, and age ¹	Number of deaths	Percent without a death certificate
All races ²		
Both sexes	4,604	2.3
Male:		
25–34 years	50	2.0
35–44 years	114	0.9
45–54 years	304	0.7
55–64 years	462	2.2
65–74 years	1,540	1.9
Female:		
25–34 years	68	2.9
35–44 years	163	6.1
45–54 years	187	3.2
55–64 years	321	2.8
65–74 years	1,395	2.6
White		
Both sexes	3,702	1.8
Male:		
25–34 years	36	–
35–44 years	95	1.1
45–54 years	240	0.8
55–64 years	387	1.8
65–74 years	1,257	1.5
Female:		
25–34 years	44	4.5
35–44 years	102	2.9
45–54 years	133	2.3
55–64 years	264	1.9
65–74 years	1,144	2.3
Black		
Both sexes	864	4.4
Male:		
25–34 years	13	7.7
35–44 years	18	–
45–54 years	62	–
55–64 years	66	4.5
65–74 years	264	4.2
Female:		
25–34 years	24	–
35–44 years	58	10.3
45–54 years	54	5.6
55–64 years	57	7.0
65–74 years	248	4.0

– Quantity zero.

¹See [appendix II](#) for a discussion of revised race, corrected sex, and recalculated age at the NHANES I examination.²Includes races other than white or black.

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 analytic cohort consists of all 14,407 subjects ages 25–74 years and over at NHANES I examination. Percents are based on the 4,604 deceased subjects in the 1992 analytic cohort.

Appendix I

Study Materials

Tracing

Vital Status Verification Subject

ID NUMBER:

OMB NO: 0920-0218

EXPIRES: DECEMBER 31, 1993

SUBJECT

**1992 NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY - WAVE IV
VITAL STATUS VERIFICATION SHEET (VSS)**

Tracer's Initials: _____

Date: |__| |__| - |__| |__| - |1| |9| |__| |__|
MO DA YR

INTRODUCTION:

Hello, may I please speak to (SUBJECT)?

- SPEAKING WITH SUBJECT..... 1 (READ INTRO)
- SPEAKING WITH OTHER H.H. MEMBER..... 2 (GO TO VSS FOR NEW PROXIES/
HH MEMBER)

OFFICE USE ONLY

My name is (YOUR NAME) and I am calling from Washington, D.C., on behalf of the National Center for Health Statistics, a part of the U.S. Public Health Service. In (YEAR OF LAST INTERVIEW/EXAM), you participated in (a followup study of persons who were examined in) the first National Health and Nutrition Examination Survey. We are planning to reinterview participants, so I would like to ask you now just a few questions to verify that you are the person who we interviewed previously. The information you give will be kept strictly confidential and will be used only to update our records.

1. Is your full name (READ NAME AND VERIFY SPELLING)?

- YES..... 1 (Q3)
- NO..... 2 (Q2)

2. What is your first name? What is your middle name? And how do you spell your last name? (EXPLAIN REASON FOR NAME CHANGE)

(FIRST) (MIDDLE) (LAST)

REASON FOR NAME CHANGE: _____

OFFICE USE ONLY

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated in this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

7. Can you give me the first names of the people you were living with in (MONTH AND YEAR OF LAST INTERVIEW/EXAM)? And how was (NAME) related to you? (PROBE FOR FIRST NAME AND RELATIONSHIP.)

FIRST NAME	RELATIONSHIP
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

OR Lived Alone

AFTER ASKING Q7, SAY: Thank you very much, but there seems to be a problem with some of our information. I will check our records and someone may call you back at a later time. Goodbye. (TERMINATE)

8. Let me give you a little more information. We will be recontacting people in the future to interview them about their health status and hospital care. I hope you will participate in this followup interview because the information from this research, combined with the data from the earlier surveys, will provide important information on the factors that influence health and well-being. I would like to (verify/have) your current mailing address so that we can mail you a letter about the survey prior to conducting the interview.

OFFICE USE ONLY

What is your current mailing address? (VERIFY THE ADDRESS IF AVAILABLE.)

ADDRESS: _____

STREET NAME AND NUMBER	APT #	

CITY	STATE	ZIP

9. Do you have any plans to move within the next 12 months?

YES.....1 (Q10)
NO.....2 (Q11)
DK.....8 (Q11)

10. What will be your new address? (PROBE FOR WHERE THE SUBJECT IS MOVING TO, CITY/STATE.) (PROBE FOR APPROXIMATE DATE.)

AS OF DATE: _____

ADDRESS: _____
STREET NAME AND NUMBER APT #

_____ CITY STATE ZIP DATE

OFFICE USE ONLY

11. In case we can't reach you, can you give me the name, address and telephone number of a relative, friend or neighbor who could help us get in touch with you? (PROBE FOR NAME, ADDRESS, AND TELEPHONE NUMBER.)

Under what name is that telephone number likely to be listed? (RECORD TELEPHONE LISTING NAME IN PARENTHESES NEXT TO TELEPHONE NUMBER.)

REFERENCE NAME: _____

ADDRESS: _____
STREET NAME AND NUMBER APT #

_____ CITY STATE ZIP

TELEPHONE: () | _ | _ | _ | - | _ | _ | _ | (_____)
LISTING NAME

12. And what is that person's relationship to you?

SPOUSE.....	1	SIBLING (IN-LAW).....	9
PARENT (NATURAL, STEP, ADOPTIVE).....	2	AUNT/UNCLE/COUSIN	10
PARENT (IN-LAW).....	3	NIECE/NEPHEW	11
GRANDPARENT.....	4	OTHER RELATIVE (SPECIFY)	91
CHILD (NATURAL, STEP, ADOPTIVE)).....	5		
CHILD (IN-LAW).....	6	ROOMMATE, FRIEND, NEIGHBOR	12
GRANDCHILD.....	7	OTHER NON-RELATIVE (SPECIFY)	
SIBLING (NATURAL, STEP, ADOPTIVE)	8		

Thank you very much for your time. You will be receiving a letter containing information about the survey and when our interviewer will contact you in the near future. Good bye. (TERMINATE)

Comments: _____

Vital Status Verification - Proxy Previously Interviewed

ID NUMBER: _____

OMB NO: 0920-0218
EXPIRES: DECEMBER 31, 1993

PREVIOUS PROXY

1992 NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY - WAVE IV VITAL STATUS VERIFICATION SHEET (VSS)

Tracer's Initials: _____

Date: |__|_| - |__|_| - |1|9|_|_|
MO DA YR

INTRODUCTION:

Hello, may I speak with (PROXY)?

- SPEAKING WITH PREVIOUS PROXY..... 1 (READ INTRODUCTION)
- PROXY NO LONGER AVAILABLE 2 (GO TO VSS FOR NEW PROXIES/HH MEMBER)

My name is (YOUR NAME) and I am calling from Washington, D.C., on behalf of the National Center for Health Statistics, a part of the U.S. Public Health Service. You may recall that in (YEAR OF LAST INTERVIEW) you participated in an interview on behalf of (SUBJECT), who was examined in the first National Health and Nutrition Examination Survey (NHANES). We are now planning to reinterview persons who participated in that study. The information you give will be kept strictly confidential and will be used only to update our records.

1. Do you think that (SUBJECT) is well enough to be interviewed?

- YES, WELL..... 1 (Q2)
- NO, INCAPACITATED 2 (Q12)
- NO, DECEASED 3 (Q6)
- DON'T KNOW..... 8 (Q2)

2. I would like to verify (SUBJECTS) current telephone number and mailing address so that we can contact (him/her). What is (his/her) phone number?

TELEPHONE: () |__|_|_| - |__|_|_|_|

OFFICE USE ONLY

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated in this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

3. What is (SUBJECT's) current mailing address?

ADDRESS: _____
STREET NAME AND NUMBER APT #

CITY STATE ZIP

OFFICE USE ONLY

4. Does (SUBJECT) have any plans to move within the next 12 months?

YES..... 1 (Q5)
NO..... 2 (END 1)
DK..... 8 (END 1)

5. What will be his/her new address? (PROBE FOR WHERE SUBJECT MOVING TO, I.E., CITY/STATE.) (PROBE FOR APPROXIMATE DATE.)

AS OF DATE: _____

ADDRESS: _____
STREET NAME AND NUMBER APT #

CITY STATE ZIP

OFFICE USE ONLY

(END 1) Thank you for your time. (SUBJECT) will be receiving a letter containing information about the survey and when our interviewer will be contacting (him/her). May I verify your name and address in case I need any additional information? Good bye. (RECORD ON TSW.)

(TERMINATE CALL)

TO BE ASKED IF THE SUBJECT IS DECEASED:

6. Can you tell me when (SUBJECT) died? (GET FULL DATE)

DATE: |_|_| - |_|_| - |1|9|_|_|
MO DA YR

OFFICE USE ONLY

7. In what city (county/parish) and state did (SUBJECT) die?

_____ CITY COUNTY/PARISH STATE

OFFICE USE ONLY

8. Was (he/she) buried in the same city?

YES.....1
NO.....2
DK.....8

9. Was (he/she) in a hospital or nursing home at the time of (his/her) death?

YES.....1 (Q10)
NO.....3 (Q12)
DK.....8 (Q12)

10. What is the name of the institution?

_____ NAME

11. Is this a hospital or a nursing home?

Circle one:

HOSPITAL.....1
NURSING HOME.....2

PROXY VERIFICATION:

12. Would you be able to participate again by answering questions about (SUBJECT'S) hospital care and other health related information since (YEAR OF LAST INTERVIEW)?

YES..... 1 (Q13)
 NO.....2 (Q19)
 DK..... 8 (Q19)

13. Our interviewer will be recontacting you in the future. I would like to verify your name, current mailing address and telephone number so that we can recontact you. (PROBE FOR NAME, ADDRESS AND TELEPHONE NUMBER.)

NAME: _____

ADDRESS: _____
 STREET NAME AND NUMBER APT #

_____ CITY STATE ZIP

TELEPHONE: () | _ | _ | _ | - | _ | _ | _ | _ |

OFFICE USE ONLY

14. What is your relationship to (SUBJECT)?

SPOUSE.....1	SIBLING (IN-LAW).....9
PARENT (NATURAL, STEP, ADOPTIVE).....2	AUNT/UNCLE/COUSIN10
PARENT (IN-LAW).....3	NIECE/NEPHEW11
GRANDPARENT.....4	OTHER RELATIVE (SPECIFY).....91
CHILD (NATURAL, STEP, ADOPTIVE).....5	
CHILD (IN-LAW).....6	ROOMMATE, FRIEND, NEIGHBOR.....12
GRANDCHILD.....7	OTHER NON-RELATIVE (SPECIFY)
SIBLING (NATURAL, STEP, ADOPTIVE).....8	

OFFICE USE ONLY

15. Do you have any plans to move within the next 12 months?

YES..... 1 (Q16)
 NO.....2 (Q17)

16. What will be your new address? (PROBE FOR WHERE PROXY IS MOVING TO, I.E., CITY/STATE, AND APPROXIMATE DATE.)

AS OF DATE: _____

ADDRESS: _____
 STREET NAME AND NUMBER APT #

_____ CITY STATE ZIP

LEAD FOR NEW PROXY:

19. Do you know who can answer these questions?

- YES.....1 (Q20)
- NO.....2 (END 2)
- DK.....8 (END 2)

20. Who would be the best person to answer these questions? (PROBE FOR NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP TO SUBJECT.)

Under what name is the telephone number likely to be listed? (RECORD TELEPHONE LISTING NAME IN PARENTHESES NEXT TO TELEPHONE NUMBER.)

NAME: _____

ADDRESS: _____
STREET NAME AND NUMBER APT #

CITY STATE ZIP

TELEPHONE: () | _ | _ | _ | - | _ | _ | _ | _ | (_____)
LISTING NAME

21. What is (his/her) relationship to (SUBJECT)?

- | | |
|---|-----------------------------------|
| SPOUSE.....1 | SIBLING (IN-LAW).....9 |
| PARENT (NATURAL, STEP, ADOPTIVE).....2 | AUNT/UNCLE/COUSIN10 |
| PARENT (IN-LAW).....3 | NIECE/NEPHEW11 |
| GRANDPARENT.....4 | OTHER RELATIVE (SPECIFY)91 |
| CHILD (NATURAL, STEP, ADOPTIVE).....5 | |
| CHILD (IN-LAW).....6 | ROOMMATE, FRIEND, NEIGHBOR.....12 |
| GRANDCHILD.....7 | OTHER NON-RELATIVE (SPECIFY) |
| SIBLING (NATURAL, STEP, ADOPTIVE).....8 | |

(END 2) Thank you for your time. May I verify your name and address in case I need any additional information? (RECORD CHANGES ON TSW.)

(TERMINATE CALL)

Comments: _____

Vital Status Verification - Proxy Not Previously Interviewed

ID NUMBER: _____

OMB NO: 0920-0218
EXPIRES: DECEMBER 31, 1993

NEW PROXY/HH MEMBER

1992 NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY - WAVE IV VITAL STATUS VERIFICATION SHEET (VSS)

Tracer's Initials: _____

Date: |__|_| - |__|_| - |1|9|_|_|
MO DA YR

INTRODUCTION:

My name is (YOUR NAME) and I am calling from Washington, D.C., on behalf of the National Center for Health Statistics, a part of the U.S. Public Health Service. In (YEAR OF LAST INTERVIEW/EXAM) (SUBJECT) participated in (a followup study of persons who were examined in) the first National Health and Nutrition Examination Survey. We are planning to reinterview participants, so I would like to ask you just a few questions to verify that (SUBJECT) is the person who we interviewed previously. The information you give will be kept strictly confidential and will be used only to update our records.

1. (Is/Was) (his/her) full name (READ NAME)?

- YES..... 1 (Q3)
- NO..... 2 (Q2)
- DK..... 8 (Q3)

2. What (is/was) (his/her) first name? What (is/was) (his/her) middle name? And how do you spell (his/her) last name? (EXPLAIN REASON FOR CHANGE IN COMMENTS.)

(FIRST)	(MIDDLE)	(LAST)
---------	----------	--------

REASON FOR NAME CHANGE: _____

OFFICE USE ONLY

3. And (his/her) date of birth (is/was) (READ BIRTHDATE). Is that correct?

- YES..... 1 (Q5)
- NO..... 2 (Q4)
- DK..... 8 (Q5)

4. What (is/was) (his/her) date of birth?

Birthdate: |__|_| - |__|_| - |__|_|_|_|
MO DA YR

OFFICE USE ONLY

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5. (Was he/she) living at (READ ADDRESS) in (MONTH AND YEAR OF LAST CONTACT)?

YES.....1 (BOX 1)
 NO.....2 (Q5a)
 DK.....8 (BOX 1)

5a. Did (he/she) ever live at that address?

YES.....1 In What Years: _____ (BOX 1)
 NO.....2 (Q6)

6. At what address was (he/she) living in (MONTH AND YEAR OF LAST CONTACT)?

ADDRESS: _____
 STREET NAME AND NUMBER APT #

 CITY STATE ZIP

BOX 1		
Q3 AND Q5/Q5a VERIFY _____		1 (Box 2)
Q3 AND Q5/Q5a DO NOT VERIFY _____		2 (TERMINATE)
Thank you very much. I don't think (<u>SUBJECT</u>) is the person we are looking for.		
OTHER _____		3 (Q7)

7. Can you give me the first names of the people (he/she was) living with in (MONTH AND YEAR OF INTERVIEW/EXAM)? And how was (NAME) related to (SUBJECT NAME)? (PROBE FOR FIRST NAME AND RELATIONSHIP.)

	FIRST NAME	RELATIONSHIP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

OR Lived Alone

AFTER ASKING Q7, SAY: Thank you very much, but there seems to be a problem with some of our information. I will check our records and someone may call you back at a later time. Could I verify your name and address in case I need any additional information? (**RECORD ANY CHANGED INFORMATION ON TSW AND TERMINATE CALL.**)

TO BE ASKED IF THE SUBJECT IS DECEASED:

12. Can you tell me when (SUBJECT) died? (GET FULL DATE)

DATE: |_||_|| - |_||_|| - |_||_||_||
 MO DA YR

OFFICE USE ONLY

13. In what city (county/parish) and state did (SUBJECT) die?

_____ CITY COUNTY/PARISH STATE

OFFICE USE ONLY

14. Was (he/she) buried in the same city?

YES..... 1
NO..... 2
DK..... 8

15. Was (he/she) in a hospital or nursing home at the time of (his/her) death?

YES..... 1 (Q16)
NO..... 3 (Q18)
DK..... 8 (Q18)

16. What is the name of the institution?

_____ NAME

17. Is this a hospital or a nursing home?

Circle one:

HOSPITAL 1
NURSING HOME 2

1992 NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY - WAVE IV

SUBJECT LOCATION VERIFICATION SHEET -

OFFICE USE |__|__|__|

WESTAT ID #:

STUDY INFORMATION:

EXAM DATE:

LAST INTERVIEW DATE:

SUBJECT INFORMATION:

NAME:

ADDRESS:

DATE OF LAST CONTACT:

PHONE:

TRACING REFERENCE INFORMATION:

NAME:

RELATIONSHIP:

ADDRESS:

PHONE:

COMMENTS:

IF VOLUNTEERED, DATE OF DEATH:

TRACER: _____

TODAY'S DATE: |__|__|/|__|__|/|__|__|
M M D D Y Y

NO
CHANGE

NEW SUBJECT INFORMATION:

|__|

|__|

|__|

()

WHO SUPPLIED THE INFORMATION?

SUBJECT..... 1
TRACING REFERENCE..... 2
SOMEONE ELSE (SPECIFY, IF KNOWN)..... 3

SUBJECT LOCATION STATUS?

LOCATION VERIFIED..... 1
NOT VERIFIED..... 2
REFUSED..... 3

Interview

Brochure



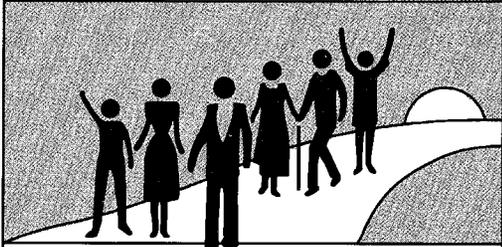
NATIONAL CENTER FOR HEALTH STATISTICS 

Epidemiologic Followup

of the
First National Health and Nutrition Examination Survey



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
National Center for Health Statistics



Baseline Survey:
First National Health and Nutrition Examination Survey (1971-75).

1982-84 Followup:
Personal interviews. Blood Pressure and weight measures

Continued Telephone Followups:
1986 Followup
1987 Followup
1992 Followup

- National Center for Health Statistics
- National Institute on Aging
- National Cancer Institute
- National Center for Chronic Disease Prevention and Health Promotion
- National Heart, Lung, and Blood Institute
- National Institute on Alcohol Abuse and Alcoholism
- National Institute of Allergy and Infectious Diseases
- National Institute of Arthritis and Musculoskeletal and Skin Diseases
- National Institute of Child Health and Human Development
- National Institute of Diabetes and Digestive and Kidney Diseases
- National Institute of Mental Health
- National Institute of Neurological Disorders and Stroke

NHANES I Epidemiologic Followup Study



The first National Health and Nutrition Examination Survey (NHANES I) was conducted in 1971-75. The NHANES I Epidemiologic Followup Study is designed to collect information periodically about persons who participated in the original study in order to track the natural history of chronic diseases and functional disabilities in an aging population. Information collected includes:

- Illnesses that have occurred.

- Habits and personal characteristics that may affect health, such as physical exercise, smoking, and vision or hearing problems.

- The ability to carry on routine activities of daily living such as dressing oneself or climbing stairs.

The information will allow scientists to study many of the factors that cause disease and disability. Data from this study will be used by health planners, educators, and medical experts to improve present programs and to initiate future programs for prevention and treatment of disease.

The NHANES I Epidemiologic Followup Study is the first U.S. investigation of its size and scope to follow the same group of people over a period of many years. Because it is also the first study to have collected information on blood pressure, heart rate, and nutrition in a national sample of adults, the Followup Study is a unique opportunity for health researchers to study changes in health status as well as the factors that contribute to good health or to illness.

Persons who participated in the NHANES I survey in 1971-75 and in later followups are being interviewed again about their health status and hospital and nursing home stays since they were last contacted. If the original participant cannot be interviewed because of illness or death, relatives or close friends will be contacted.

An interview will be conducted by telephone by specially trained interviewers who will ask questions about illness and any disability the study participant may be experiencing.

Hospitals and nursing homes will be contacted to obtain technical information from the medical record. It is essential that data be collected about all participants. No other data can be substituted for the information desired.

The persons who took part in the first survey (in 1971-75) made up a group that represented all types of people in all areas of the United States. The Followup Study is the first nationwide survey to provide information on the changes in health for people from different backgrounds and regions.

Each person represents thousands of others with similar characteristics. Although voluntary, participation is important so that the results will continue to represent a true scientific sample of the U.S. population.

All information obtained in the survey will be protected by the confidentiality requirements of the U.S. Public Health Service Act and the Privacy Act of 1974.

Answers will be used only by research staff working on the survey. Each of them must sign a statement pledging to keep confidential all information provided by respondents. No information that would permit identification of an individual will be released or published. Survey results will be published only as statistical summaries.

The survey is a joint effort of the National Center for Health Statistics and agencies of the Public Health Service, U.S. Department of Health and Human Services.

All queries or correspondence should be directed to:

Advance Letter to Subject Previously Interviewed



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Dear Participant:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with the National Institutes of Health and other Public Health Service agencies, is conducting a Followup Study of persons who participated in the First National Health and Nutrition Examination Survey (NHANES I). As you may recall, you voluntarily participated in the NHANES I in the early 1970's and in its followup(s) during the 1980's. The results of previously conducted interviews with you and other participants have provided much needed information about the health of the American people. We thank you for your past participation, which has contributed to the success of this important national study, and we would like to request your help again.

We are planning to reinterview persons who participated in the NHANES I to update information about their health status since our last contact. NCHS has contracted with Westat, a national research organization, to conduct the data collection operations of the study. Within the next few weeks, a Westat interviewer will contact you to conduct a telephone interview that should take approximately 30 minutes. The interview will include questions about your past and present health, and any hospital and nursing home stays you may have had since our last contact. In order to take as little of your time as possible, we would appreciate your having available when we call information on place and date of hospital and nursing home stays since your last interview.

The NHANES I Epidemiologic Followup Study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary, and there are no penalties for declining to participate in whole or in part. Any information you provide will be kept strictly confidential and will be used only for statistical purposes. No information that could be used to identify participants or facilities will be released; results will be published only as statistical summaries.

Your participation is vital to the success of this Followup Study, and your continued cooperation is greatly appreciated.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "M Feinleib".

Manning Feinleib, M.D., Dr.P.H.
Director

Advance Letter to Subject Not Previously Interviewed



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease ControlNational Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Dear Participant:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a Followup Study of persons who participated in the First National Health and Nutrition Examination Survey (NHANES I). As you may recall, you voluntarily participated in the NHANES I in the early 1970's. The results of that study have provided much needed information about the health of the American people. We would like to request your help again. Although we were unable to reinterview you during the 1980's, we hope you will assist us at this time.

We are planning to reinterview persons who participated in the NHANES I to update information about their health status since our last contact. NCHS has contracted with Westat, a national research organization, to conduct the data collection operations of the study. Within the next few weeks, a Westat interviewer will contact you to conduct a telephone interview that should take approximately 30 minutes. The interview will include questions about your past and present health and any hospital and nursing home stays you may have had since 1970. In order to take as little of your time as possible, we would appreciate your having available when we call information on place and date of hospital and nursing home stays.

The NHANES I Epidemiologic Followup Study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary, and there are no penalties for declining to participate in whole or in part. Any information you provide will be kept strictly confidential and will be used only for statistical purposes. No information that could be used to identify participants or facilities will be released; results will be published only as statistical summaries.

We thank you again for your part in making the NHANES I a success. Your continued participation is vital to the success of this Followup Study, and it is greatly appreciated.

Sincerely yours,,

Manning Feinleib, M.D., Dr.P.H.
Director

Advance Letter to Proxy Previously Interviewed



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Dear Participant:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a Followup Study of persons who participated in the First National Health and Nutrition Examination Survey (NHANES I). Mr./M _____ voluntarily participated in the NHANES I in the early 1970's and in subsequent Followup Studies during the 1980's. The results of these studies have provided much needed information about the health of the American people. We would like to request your help at this time.

We are planning to reinterview persons who participated in the NHANES I to update information about their health status since our last contact. NCHS has contracted with Westat, a national research organization, to conduct the data collection operations of the study. Within the next two weeks, a Westat interviewer will contact you to conduct a telephone interview that should take approximately 30 minutes. The interview will include questions about Mr./M _____'s past health status and hospital and nursing home stays since our last interview. In order to take as little of your time as possible, we would appreciate your having available when we call information on place and date of hospital and nursing home stays.

The NHANES I Epidemiologic Followup Study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary, and there are no penalties for declining to participate in whole or in part. Any information you provide will be kept strictly confidential and will be used only for statistical purposes. No information that could be used to identify participants or facilities will be released; results will be published only as statistical summaries.

Your participation is vital to the success of this Followup Study and is greatly appreciated.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "M Feinleib".

Manning Feinleib, M.D., Dr.P.H.
Director

Advance Letter to Proxy Not Previously Interviewed



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease ControlNational Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Dear Participant:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a Followup Study of persons who participated in the First National Health and Nutrition Examination Survey (NHANES I). Mr./M _____ voluntarily participated in that survey in the early 1970's. The results of that survey have provided much needed information about the health of the American people. We would like to request your help at this time.

We are planning to reinterview persons who participated in the NHANES I to update information about their health status since our last contact. NCHS has contracted with Westat, a national research organization, to conduct the data collection operations of the study. Within the next two weeks, a Westat interviewer will contact you to conduct a telephone interview that should take approximately 30 minutes. The interview will include questions about Mr./M _____'s past health status and any hospital and nursing home stays since 1970. In order to take as little of your time as possible, we would appreciate your having available when we call information on place and date of hospital and nursing home stays.

The NHANES I Epidemiologic Followup Study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary, and there are no penalties for declining to participate in whole or in part. Any information you provide will be kept strictly confidential and will be used only for statistical purposes. No information that could be used to identify participants or facilities will be released; results will be published only as statistical summaries.

Your participation is vital to the success of this Followup Study and is greatly appreciated.

Sincerely yours,

Manning Feinleib, M.D., Dr. P.H.
Director

Introduction for Subject and Proxy Telephone Questionnaire

OMB #: 0920-0218
Expires: December 31, 1993

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE

INTRODUCTION FOR SUBJECT QUESTIONNAIRE (INCLUDES PROXY FOR INCAPACITATED SUBJECT) AND PROXY DECEASED QUESTIONNAIRE

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated in this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 306(d) of the Public Health Service Act (42 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 30 minutes per response for a subject interview and 20 minutes per response for a proxy deceased interview, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to HHS Reports Clearance Officer, ATTN: PRA; Hubert H. Humphrey Bldg.; Room 721-8; 200 Independence Ave., SW; Washington, D.C. 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-1000); Washington, D.C. 20503.

TIME BEGAN: _____ AM / PM

Q1. [Hello], may I please speak to (RESPONDENT'S NAME)?

- CONTINUE WITH INTERVIEW..... 1
- [NEW] PROXY NEEDED..... 2
- RESPONDENT IS NO LONGER AT
THIS PHONE NUMBER 3 (Q16)
- RECORDING [NUMBER CHANGED,
DISCONNECTED, OR NOT IN SERVICE] 4 (COLLECT NEW NUMBER IF
GIVEN, THEN TERMINATE)
- GO TO RESULT CODE..... 5 (END1)

Q2. My name is (INTERVIEWER'S NAME) and I am calling from Washington, D.C. on behalf of the United States Public Health Service with regard to the Epidemiologic Followup of the first National Health and Nutrition Examination Survey.

Recently (RESPONDENT'S NAME was/you were) sent a letter from the U.S. Public Health Service explaining that someone would be calling. Have you seen our letter?

- YES..... 1 (Q6)
- NO, READ LETTER 2 (BOX Q-1)
- NO, SEND LETTER 3

Q3. So that I can send out another copy of the letter, I'd like to make sure that I have the correct mailing address. [INFORMATION ON NAME AND ADDRESS WILL BE DISPLAYED. CHECK INFORMATION AND MAKE CORRECTIONS IF NEEDED.]

TITLE	FIRST NAME	LAST NAME
NUMBER, STREET NAME, AND APT. NUMBER		
CITY	STATE	ZIP

GO TO END1

BOX Q-1

CHECK VITAL STATUS:

IF WELL OR INCAPACITATED..... CONTINUE

IF DECEASED..... GO TO Q5

Q4. Let me tell you what it says. Persons who participated in the First National Health and Nutrition Examination Survey and its followups are being recontacted at this time. This interview will be conducted by telephone. In the interview, questions will be asked about illnesses, disabilities, and hospitalizations. This study is authorized by Section 306 of the Public Health Service Act [42U.S.C.242K]. The information given will be kept strictly confidential and will be used for statistical purposes only. Also the interview is completely voluntary and there are no penalties for refusing to answer any questions.

GO TO Q6

Q5. Let me tell you what it says. In (YEAR), (SUBJECT'S NAME) participated in the First National Health and Nutrition Examination Survey. At this time we are contacting relatives [or friends] of persons who participated and who are now deceased. The interview will be conducted by telephone. In the interview, questions will be asked about illnesses, disabilities, and hospitalizations. This study is authorized by Section 306 of the Public Health Service Act [42U.S.C.242K]. The information given will be kept strictly confidential and will be used for statistical purposes only. Also the interview is completely voluntary and there are no penalties for refusing to answer any questions.

Q6. THE CURRENT VITAL STATUS FOR (SUBJECT'S NAME) LISTED IN OUR RECORDS IS (MOST RECENT VITAL STATUS INFORMATION FROM TRACING OR NEW INFORMATION FROM EARLIER CATI CONTACT DURING THIS FOLLOWUP PERIOD).

VERIFY THE SUBJECT'S CURRENT VITAL STATUS.

[Do you think (SUBJECT NAME) would be able to answer our questions about (his/her) hospital care and other health-related information since (YEAR)?]

- YES, SUBJECT IS CURRENTLY WELL 1
- NO, SUBJECT IS CURRENTLY INCAPACITATED... 2
- NO, SUBJECT IS DECEASED..... 3

BOX Q-2

CHECK PREVIOUS AND CURRENT VITAL STATUS:

IF DURING THIS CALL IT IS DISCOVERED THE VITAL STATUS HAS
 CHANGED FROM INCAPACITATED TO WELL (I → W)..... GO BACK TO Q1

IF DURING THIS CALL THE VITAL STATUS HAS REMAINED THE
 SAME (*W → W, I → I, OR D → D), OR THE VITAL STATUS
 IS CHANGED FROM WELL TO INCAPACITATED OR FROM
 WELL TO DECEASED (W → I, OR W → D), OR IS CHANGED
 FROM INCAPACITATED TO DECEASED (I → D)..... GO TO BOX Q-3

OTHERWISE (D → W OR D → I) CONTINUE

*NOTE: IF VITAL STATUS IS W → W AND Q1 = 2 (PROXY NEEDED), A CAUTION MESSAGE WILL BE DISPLAYED FOR THE INTERVIEWER. IF VITAL STATUS IS W → D OR W → I AND Q1 = 1 (SUBJECT SPEAKING), A CAUTION MESSAGE WILL BE DISPLAYED FOR THE INTERVIEWER.

Q7. Thank you for your time. Could I have your name in case I need any additional information?

TITLE	FIRST NAME	LAST NAME

(THIS CASE WILL GO BACK TO TRACING WHERE THE INFORMATION WILL BE CHECKED.)

GO TO END1

<p>BOX Q-3</p> <p>CHECK Q1:</p> <p>Q1 INDICATES THAT THE PERSON WHO WAS "ASKED FOR" IS SPEAKING..... GO TO BOX Q-4 OTHERWISE..... CONTINUE</p>

Q8. We would like to arrange an interview with someone who would be able to answer questions about (SUBJECT'S NAME)'s hospital care and other health-related information since (YEAR).

Would you be able to answer these questions?

YES..... 1
 NO..... 2 (Q12)

Q9. What is your name?

TITLE	FIRST NAME	LAST NAME
-------	------------	-----------

Q10. I'd like to make sure that I have your correct address and telephone number. [INFORMATION ON ADDRESS AND TELEPHONE NUMBER CALLED WILL BE DISPLAYED. CHECK INFORMATION AND MAKE CORRECTIONS IF NEEDED.]

NUMBER, STREET NAME, AND APT. NUMBER

CITY	STATE	ZIP
------	-------	-----

AREA CODE	EXCHANGE	LOCAL NUMBER
-----------	----------	--------------

Q11. How are you related to (SUBJECT'S NAME)?

HUSBAND/WIFE..... 1	BROTHER-IN-LAW/SISTER-IN-LAW..... 9
FATHER/MOTHER..... 2	AUNT/UNCLE/COUSIN..... 10
FATHER-IN-LAW/MOTHER-IN-LAW..... 3	NIECE/NEPHEW..... 11
GRANDPARENT..... 4	ROOMMATE, FRIEND, NEIGHBOR..... 12
SON/DAUGHTER..... 5	OTHER RELATIVE (SPECIFY)..... 91
SON-IN-LAW/DAUGHTER-IN-LAW..... 6	
GRANDCHILD..... 7	OTHER NON-RELATIVE (SPECIFY)..... 92
BROTHER/SISTER..... 8	

(THIS CASE WILL CONTINUE WITH THE NEW RESPONDENT.)

<p>GO TO BOX Q-4</p>

Q12. Do you know the name of someone who could answer these questions?

YES 1
 NO..... 2 (Q15)

Q13. Who would be the best person to answer these questions?

TITLE	FIRST NAME	LAST NAME
NUMBER, STREET NAME, AND APT. NUMBER		
CITY	STATE	ZIP
AREA CODE	EXCHANGE	LOCAL NUMBER

Q14. How is (NEW PROXY'S NAME) related to (SUBJECT'S NAME)?

- | | | | |
|----------------------------------|---|-----------------------------------|----|
| HUSBAND/WIFE..... | 1 | BROTHER-IN-LAW/SISTER-IN-LAW..... | 9 |
| FATHER/MOTHER..... | 2 | AUNT/UNCLE/COUSIN..... | 10 |
| FATHER-IN-LAW/MOTHER-IN-LAW..... | 3 | NIECE/NEPHEW..... | 11 |
| GRANDPARENT..... | 4 | ROOMMATE, FRIEND, NEIGHBOR..... | 12 |
| SON/DAUGHTER..... | 5 | OTHER RELATIVE (SPECIFY)..... | 91 |
| SON-IN-LAW/DAUGHTER-IN-LAW..... | 6 | | |
| GRANDCHILD..... | 7 | OTHER NON-RELATIVE (SPECIFY)..... | 92 |
| BROTHER/SISTER..... | 8 | | |

Q15. Thank you for your time. Could I have your name in case I need any additional information?

TITLE	FIRST NAME	LAST NAME
-------	------------	-----------

(THIS CASE WILL BE SENT BACK TO TRACING SO THAT THE NEW RESPONDENT CAN BE REVIEWED AND AN ADVANCE LETTER CAN BE SENT OUT.)

GO TO END1

Q16. Do you know (RESPONDENT NAME)'s current address or telephone number?

YES 1
NO..... 2 (Q18)

Q17. What is (his/her/RESPONDENT'S NAME)'s address and telephone number?

NUMBER, STREET NAME, AND APT. NUMBER

CITY STATE ZIP

AREA CODE EXCHANGE LOCAL NUMBER

Q18. Thank you for your time. Could I have your name in case I need any additional information?

TITLE FIRST NAME LAST NAME

(THIS IS A CASE WHERE THE RESPONDENT WHO WAS "ASKED FOR" IN Q1 IS NO LONGER AT THIS PHONE NUMBER. THIS CASE WILL BE SENT BACK TO TRACING.)

GO TO END1

BOX Q-4	
CHECK VITAL STATUS:	
IF WELL OR INCAPACITATED.....	CONTINUE
IF DECEASED.....	GO TO Q27

(QUESTIONS Q19-Q24 VERIFY THAT WE ARE ASKING ABOUT THE CORRECT SUBJECT FOR SUBJECTS WHO ARE ALIVE.)

Q19. In (YEAR), (you/SUBJECT'S NAME) participated in a health survey conducted by the National Center for Health Statistics, a part of the U.S. Public Health Service. I'm calling now so that we can update our information (on SUBJECT). First I will ask you just a few questions in order to verify that I am (speaking to/asking about) the correct person.

Is (your/his/her) full name (SUBJECT'S FIRST NAME), (SUBJECT'S MIDDLE NAME), (SUBJECT'S LAST NAME)? [ENTER ANY CORRECTIONS.]

Q20. And (your/his/her) date of birth is (SUBJECT'S DATE OF BIRTH). Is that correct?

YES..... 1 (BOX Q-5)
 NO..... 2

Q21. What is (your/his/her) date of birth?

|_|_| |_|_| |_|_|_|_|_|
 MONTH DAY YEAR

BOX Q-5	
CHECK TRACING VERIFICATION:	
IF SUBJECT ALREADY VERIFIED IN TRACING (VSINTRAC = 1).....	GO TO BOX Q-7
OTHERWISE.....	CONTINUE

Q22. (Were you/Was he/she) living at (ADDRESS) in (MONTH AND YEAR)?

YES..... 1 (BOX Q-6)
 NO..... 2

Q23. What was (your/his/her) address in (MONTH AND YEAR)?

 NUMBER, STREET NAME, AND APT. NUMBER

 CITY STATE ZIP

BOX Q-6

CHECK Q20 AND Q22:
 IF THE RESPONDENT HAS A DIFFERENT DATE OF BIRTH
 (Q20 = 2) OR THE RESPONDENT HAS A DIFFERENT
 LAST ADDRESS (Q22 = 2) THEN INFORMATION ON
 THE PREVIOUS HOUSEHOLD IS ASKED CONTINUE
 OTHERWISE..... GO TO BOX Q-7

Q24. What relationship to (you/SUBJECT) were the other people who lived in (your/his/her) household in (MONTH AND YEAR)?
 [DISPLAY LAST INTERVIEW HH MEMBER INFORMATION. DOES THE PREVIOUS HH MATCH?]

- YES, SAME HH..... 1
 NO, DIFFERENT HH..... 2 (BOX Q-11)

BOX Q-7

CHECK VITAL STATUS:
 IF WELL..... GO TO Q26
 IF INCAPACITATED..... CONTINUE

Q25. [IF NOT ALREADY ASKED ON THIS CALL, ASK:] How are you related to (SUBJECT NAME)?

- | | |
|------------------------------------|---------------------------------------|
| HUSBAND/WIFE..... 1 | BROTHER-IN-LAW/SISTER-IN-LAW 9 |
| FATHER/MOTHER..... 2 | AUNT/UNCLE/COUSIN..... 10 |
| FATHER-IN-LAW/MOTHER-IN-LAW..... 3 | NIECE/NEPHEW..... 11 |
| GRANDPARENT..... 4 | ROOMMATE, FRIEND, NEIGHBOR..... 12 |
| SON/DAUGHTER..... 5 | OTHER RELATIVE (SPECIFY)..... 91 |
| SON-IN-LAW/DAUGHTER-IN-LAW..... 6 | |
| GRANDCHILD..... 7 | OTHER NON-RELATIVE (SPECIFY) 92 |
| BROTHER/SISTER..... 8 | |

Q26. We are recontacting NHANES I participants (to ask/so that we can update our information) about their health status and hospital and nursing home stays. The information from this research, combined with the data from earlier surveys, will provide important information on the factors that influence health and well-being.

I would like to conduct the interview now if it is convenient.

[It will take approximately 30 minutes. In order to evaluate my performance, my supervisor may monitor this interview.]

[OK TO CONTINUE?]

- YES, CONTINUE 1 (BEGIN SECTION
 A OF SUBJECT
 QUESTIONNAIRE)
 NO, GO TO RESULT CODE..... 2 (ASK FOR A CALL-BACK
 APPOINTMENT, THEN
 GO TO END1)

(QUESTIONS Q27 - Q32 VERIFY THAT WE ARE ASKING ABOUT THE CORRECT SUBJECT FOR SUBJECTS WHO ARE DECEASED.)

Q27. In (YEAR), (SUBJECT'S NAME) participated in a health survey conducted by the National Center for Health Statistics, a part of the U.S. Public Health Service. I'm calling now so that we can update our information on (SUBJECT'S NAME): First I will ask you just a few questions in order to verify that I am asking about the correct person.

Is (his/her) full name (SUBJECT'S FIRST NAME), (SUBJECT'S MIDDLE NAME), (SUBJECT'S LAST NAME)? [ENTER ANY CORRECTIONS.]

Q28. And (his/her) date of birth was (SUBJECT'S DATE OF BIRTH). Is that correct?

YES..... 1 (BOX Q-8)
NO..... 2

Q29. What was (his/her) date of birth?

| | | | | | | | | | | |
 MONTH DAY YEAR

BOX Q-8	
CHECK TRACING VERIFICATION:	
IF SUBJECT ALREADY VERIFIED IN TRACING (VSINTRAC = 1).....	GO TO BOX Q-10
OTHERWISE.....	CONTINUE

Q30. Was (he/she) living at (ADDRESS) in (MONTH AND YEAR)?

YES..... 1 (BOX Q-9)
NO..... 2

Q31. What was (his/her) address in (MONTH AND YEAR)?

NUMBER, STREET NAME, AND APT. NUMBER		
CITY	STATE	ZIP

BOX Q-9

CHECK Q28 AND Q30:
 IF THE RESPONDENT HAS A DIFFERENT DATE OF BIRTH
 (Q28 = 2) OR THE RESPONDENT HAS A DIFFERENT
 LAST ADDRESS (Q30 = 2) THEN INFORMATION ON
 THE PREVIOUS HOUSEHOLD IS ASKED CONTINUE
 OTHERWISE..... GO TO BOX Q-10

Q32. What relationship to (SUBJECT) were the other people who lived in (his/her) household in (MONTH AND YEAR)?
 [DISPLAY LAST INTERVIEW HH MEMBER INFORMATION. DOES THE PREVIOUS HH MATCH?]

YES, SAME HH..... 1
 NO, DIFFERENT HH..... 2 (END3)

BOX Q-10

CHECK DEATH CERTIFICATE:
 IF DEATH CERTIFICATE RECEIVED (DCRECD = 1)..... GO TO Q35
 OTHERWISE..... CONTINUE

Q33. When did (SUBJECT) die?

|_|_| |_|_| |1|9|_|_|
 MONTH DAY YEAR

Q34. In what city, county, and state did (he/she) die? (IF LOUISIANA, PROBE FOR PARISH.)

 CITY

 COUNTY/PARISH

 STATE

Q35. [IF NOT ALREADY ASKED ON THIS CALL, ASK:] How are you related to (SUBJECT NAME)?

HUSBAND/WIFE.....	1	BROTHER-IN-LAW/SISTER-IN-LAW	9
FATHER/MOTHER	2	AUNT/UNCLE/COUSIN.....	10
FATHER-IN-LAW/MOTHER-IN-LAW.....	3	NIECE/NEPHEW.....	11
GRANDPARENT.....	4	ROOMMATE, FRIEND, NEIGHBOR.....	12
SON/DAUGHTER.....	5	OTHER RELATIVE (SPECIFY).....	91
SON-IN-LAW/DAUGHTER-IN-LAW.....	6	_____	
GRANDCHILD.....	7	OTHER NON-RELATIVE (SPECIFY)	92
BROTHER/SISTER.....	8	_____	

Q36. We are recontacting NHANES I participants so that we can update our information about their health status and hospital and nursing home stays. The information from this research, combined with the data from earlier surveys, will provide important information on the factors that influence health and well-being.

I would like to conduct the interview now if it is convenient.

[It will take approximately 20 minutes. In order to evaluate my performance, my supervisor may monitor this interview.]

[OK TO CONTINUE?]

YES, CONTINUE 1 (BEGIN SECTION A
OF PROXY DECEASED
QUESTIONNAIRE)
NO, GO TO RESULT CODE..... 2 (ASK FOR A CALL-BACK
APPOINTMENT, THEN
GO TO END1)

BOX Q-11	
CHECK VITAL STATUS:	
IF WELL	GO TO END2
IF INCAPACITATED OR DECEASED	GO TO END3

END1. Thank you for your time. Goodbye. (TERMINATE)

END2. Thank you very much but you may not be the person we are looking for. I will check the information you have given me against our records and someone may call you back at a later time. (TERMINATE)

(END 2 IS READ TO THE RESPONDENT WHEN THERE IS ANY DOUBT ABOUT WHETHER WE ARE SPEAKING TO THE APPROPRIATE PERSON. A PROBLEM WOULD BE INDICATED WHEN THERE IS A "NO" RESPONSE TO Q20 OR Q22 AND Q24. THIS CASE WILL BE SENT BACK TO TRACING.)

END3. Thank you very much but there seems to be a problem with some of our information. I will check our records and someone may call you back at a later time. (TERMINATE)

(END 3 IS READ TO THE RESPONDENT WHEN THERE IS ANY DOUBT ABOUT WHETHER WE ARE SPEAKING TO THE APPROPRIATE PERSON. A PROBLEM WOULD BE INDICATED WHEN (FOR A LIVE SUBJECT) THERE IS A "NO" RESPONSE TO Q20 OR Q22 AND Q24; A PROBLEM WOULD BE INDICATED (FOR A DECEASED SUBJECT) WHEN THERE IS A "NO" RESPONSE TO Q28 OR Q30 AND Q32. THIS CASE WILL BE SENT BACK TO TRACING.)

Subject Telephone Questionnaire

OMB #: 0920-0218

Expires: December 31, 1993

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE

SUBJECT QUESTIONNAIRE (INCLUDES PROXY FOR INCAPACITATED SUBJECT)

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated in this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to HHS Reports Clearance Officer, ATTN: PRA; Hubert H. Humphrey Bldg.; Room 721-B; 200 Independence Ave., SW; Washington, D.C. 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-X000); Washington, D.C. 20503.

PART A: BACKGROUND INFORMATION

TIME BEGAN: _____ AM / PM

First, I would like to ask you a few questions about (your/SUBJECT'S) household.

A1. (Do you/Does SUBJECT) currently live in a house or apartment, a nursing home or rest home, retirement home, or (do you/does he/she) have some other arrangement?

- PRIVATE HOUSE OR APARTMENT 1 (A4)
- NURSING OR CONVALESCENT OR
REST HOME 2 (BOX A-1)
- RETIREMENT HOME 3 (A4)
- BOARDING HOUSE, ROOMING HOUSE
OR RENTED ROOM 4 (A4)
- FAMILY OR FOSTER CARE HOME 5 (A4)
- MENTAL HEALTH FACILITY..... 6 (A7)
- ANOTHER HEALTH FACILITY..... 7 (A7)
- OTHER ARRANGEMENT (SPECIFY) 91 (A4)
- _____
- OTHER INSTITUTION (SPECIFY) 92 (A7)
- _____
- DK -8 (A4)

BOX A-1	
NURSING HOME RESIDENCE:	
IN NURSING HOME IN MOST RECENT INTERVIEW (LNURSING = 1) AND CURRENTLY IN	
NURSING HOME (A1 = 2)	CONTINUE
ALL OTHERS.....	GO TO A7

A2. Since (MONTH/YEAR) (have you/has he/she) continuously lived in a nursing home?

- YES 1
- NO..... 2 (A7)
- DK -8 (A10)

A3. Is this the same nursing home (you were/he/she was) living in in (MONTH/YEAR)?

- YES 1 (A10)
- NO..... 2 (A10)

A4. How many people live in (your/his/her) household including (yourself/SUBJECT)?

- ONE 01 (A6)
- NUMBER OF PEOPLE: |_|_|
- DK -8
- REFUSED..... -7 (A10)

A5. What relationship to (you/SUBJECT) (is/are) the other person(s) who live(s) in (your/his/her) household? [PROBE FOR SEX IF NOT OBVIOUS: Is (PERSON) male or female?]

PERSON #	RELATIONSHIP	SEX
1	_ _	_
2	_ _	_
3	_ _	_
4	_ _	_
5	_ _	_
6	_ _	_
7	_ _	_
8	_ _	_
9	_ _	_
10	_ _	_

- RELATIONSHIP:
- 1 = HUSBAND/WIFE
 - 2 = FATHER/MOTHER
 - 3 = FATHER-IN-LAW/MOTHER-IN-LAW
 - 4 = GRANDPARENT
 - 5 = SON/DAUGHTER
 - 6 = SON-IN-LAW/DAUGHTER-IN-LAW
 - 7 = GRANDCHILD
 - 8 = BROTHER/SISTER
 - 9 = BROTHER-IN-LAW/SISTER-IN-LAW
 - 10 = AUNT/UNCLE/COUSIN
 - 11 = NIECE/NEPHEW
 - 12 = ROOMMATE/FRIEND/NEIGHBOR
 - 13 = OTHER RELATIVE
 - 14 = OTHER NON-RELATIVE

- SEX:
- 1 = MALE
 - 2 = FEMALE

GO TO A10

A6. How long (have you/has he/she) lived alone?

- |_|_| MONTHS..... 1 (A10)
- YEARS..... 2 (A10)
- LESS THAN ONE MONTH..... 95 (A10)

A7. These next questions are about the last household in which (you/he/she) lived. How many people lived in (your/his/her) household including (yourself/SUBJECT)?

ONE 01 (A9)
 NUMBER OF PEOPLE: |__|__|
 DK -8
 REFUSED..... -7 (A10)

A8. What relationship to (you/SUBJECT) (was/were) the other person(s) who lived in (your/his/her) household? [PROBE FOR SEX IF NOT OBVIOUS: Is (PERSON) male or female?]

PERSON #	RELATIONSHIP	SEX
1	__ __	__
2	__ __	__
3	__ __	__
4	__ __	__
5	__ __	__
6	__ __	__
7	__ __	__
8	__ __	__
9	__ __	__
10	__ __	__

- RELATIONSHIP:
- 1 = HUSBAND/WIFE
 - 2 = FATHER/MOTHER
 - 3 = FATHER-IN-LAW/MOTHER-IN-LAW
 - 4 = GRANDPARENT
 - 5 = SON/DAUGHTER
 - 6 = SON-IN-LAW/DAUGHTER-IN-LAW
 - 7 = GRANDCHILD
 - 8 = BROTHER/SISTER
 - 9 = BROTHER-IN-LAW/SISTER-IN-LAW
 - 10 = AUNT/UNCLE/COUSIN
 - 11 = NIECE/NEPHEW
 - 12 = ROOMMATE/FRIEND/NEIGHBOR
 - 13 = OTHER RELATIVE
 - 14 = OTHER NON-RELATIVE

- SEX:
- 1 = MALE
 - 2 = FEMALE

GO TO A10

A9. How long had (you/he/she) lived alone?

- MONTHS..... 1
- YEARS..... 2
- LESS THAN ONE MONTH..... 95

A10. [VERIFY IF ALREADY KNOWN:]

(Are you/is SUBJECT) currently married, widowed, divorced, separated, or (have you/has he/she) never been married?

- MARRIED 1
- WIDOWED 2
- DIVORCED..... 3
- SEPARATED 4
- NEVER MARRIED 5

NOTE: IF PREVIOUS MARITAL STATUS WAS MARRIED, WIDOWED, DIVORCED, OR SEPARATED (LMARITAL = 1, 2, 3, OR 4) AND CURRENT MARITAL STATUS IS NEVER MARRIED (A10 = 5) THE CATI PROGRAM WILL RECODE A10 TO "96."

BOX A-2	
PREVIOUS INTERVIEW STATUS:	
NEVER INTERVIEWED (LINTSTAT = BLANK).....	CONTINUE
ALL OTHERS.....	GO TO A13

A11. Which of these categories best describes (you/SUBJECT) – Aleut, Eskimo, American Indian, Asian, Pacific Islander, Black or White?

- ALEUT, ESKIMO OR AMERICAN INDIAN 1
- ASIAN/PACIFIC ISLANDER..... 2
- BLACK..... 3
- WHITE..... 4
- OTHER (SPECIFY) 91

A12. (Are you/is he/she) of Hispanic origin?

- YES 1
- NO..... 2

A13. During the last three months what (have you/has SUBJECT) been doing most? That is, (have you/has he/she) been working, keeping house, going to school, looking for work, or (are you/is he/she) retired?

- WORKING..... 1
 - RETIRED..... 2 (A15)
 - KEEPING HOUSE..... 3 (A15)
 - GOING TO SCHOOL..... 4 (A15)
 - LOOKING FOR WORK..... 5 (A15)
 - LONG TERM ILLNESS/DISABILITY..... 6 (A15)
 - LEISURE ACTIVITIES..... 7 (A15)
 - OTHER..... 91 (A15)
-
- DK..... -8 (A15)

A14. On the average, how many hours a week (do you/does he/she) work?

NUMBER OF HOURS: |__|__| (A19)

A15. [VERIFY IF ALREADY KNOWN.]

During the last three months, (have you/has he/she) worked at all at a job or business?

- YES..... 1
- NO..... 2 (A17)
- DK..... -8 (A17)

A16. On the average, how many hours a week did (you/he/she) work?

NUMBER OF HOURS: |__|__| (A19)

A17. (Do you/Does SUBJECT) expect to work at a job or business at some future time?

- YES..... 1
- NO..... 2 (BOX A-3)
- DK..... -8 (BOX A-3)

A18. (Do you/Does he/she) expect to work full-time or part-time?

- FULL-TIME..... 1
- PART-TIME..... 2

BOX A-3	
WORK HISTORY STATUS:	
HISTORY OF WORKING IN PREVIOUS INTERVIEW	
(LWORKHST = 1)	GO TO A21
ALL OTHERS.....	GO TO BOX A-4

A19. Has a doctor ever suggested that (you/SUBJECT) cut back on the number of hours (you work/he/she works) because of health reasons?

YES 1
 NO..... 2 (BOX A-4)
 DK..... -8 (BOX A-4)

A20. In what year (were you/was he/she) most recently told by a doctor to cut back on (your/his/her) working hours?

YEAR: 19 |__|__| (BOX A-4)

A21. Did (you/SUBJECT) stop working at the job (you were/he/she was) working at in (MONTH/YEAR LAST WORKED) because of reasons related to (your/his/her) health?

YES 1
 NO..... 2
 DISCREPANCY..... 96 (BOX A-4)

A22. In what month and year did (you/he/she) last work?

MONTH: |__|__|
AND
 YEAR: 19 |__|__|

BOX A-4	
MOTHER'S VITAL STATUS:	
MOTHER REPORTED DECEASED IN PREVIOUS	
INTERVIEW (LMOMDEAD = 1)	GO TO BOX A-5
ALL OTHERS.....	CONTINUE

A23. Is (your/SUBJECT'S) natural mother still living?

YES 1 (BOX A-5)
 NO..... 2
 DK..... -8 (BOX A-5)

A24. How old was (your/SUBJECT'S) mother when she died?

AGE IN YEARS: |__|__|__|

BOX A-5	
FATHER'S VITAL STATUS:	
FATHER REPORTED DECEASED IN PREVIOUS	
INTERVIEW (LDADDEAD = 1)	GO TO PART B
ALL OTHERS.....	CONTINUE

A25. Is (your/SUBJECT'S) natural father still living?

YES 1 (PART B)
NO 2
DK -8 (PART B)

A26. How old was (your/SUBJECT'S) father when he died?

AGE IN YEARS: |_|_|_|

TIME ENDED: _____ AM / PM

PART B: MEDICAL CONDITIONS

TIME BEGAN: _____ AM / PM

BOX B-1	
RESPONDENT TYPE:	
RESPONDENT IS THE SUBJECT.....	CONTINUE
ALL OTHERS.....	GO TO B2

B1. Would you say that your health in general is excellent, very good, good, fair or poor?

- EXCELLENT..... 1
- VERY GOOD..... 2
- GOOD..... 3
- FAIR..... 4
- POOR..... 5

B2. Within the past year (have you/has SUBJECT) had pain, swelling or stiffness in (your/his/her) joints on most days for at least one month?

- YES..... 1
- NO..... 2

BOX B-2	
ARTHRITIS CHECK:	
ARTHRITIS REPORTED IN PREVIOUS INTERVIEW (LARTH = 1)	
AND RESPONDENT IS THE SUBJECT	GO TO BOX B-3
ALL OTHERS.....	CONTINUE

B3. Did a doctor ever tell (you/SUBJECT) that (you have/he/she has) arthritis?

- YES..... 1
- NO..... 2 (BOX B-6)
- DK..... -8 (BOX B-6)

NOTE: IF ARTHRITIS REPORTED IN PREVIOUS INTERVIEW (LARTH = 1) AND CURRENT ARTHRITIS IS NO (B3 = 2) THE CATI PROGRAM WILL RECODE B3 TO "96" AND THEN GO TO BOX B-6.

BOX B-3	
YEAR OF FIRST ARTHRITIS CHECK:	
YEAR FIRST TOLD OF ARTHRITIS IS KNOWN (LARTH _{YR} = 1).....	GO TO BOX B-4
ALL OTHERS.....	CONTINUE

B4. Concerning (your/SUBJECT'S) arthritis, in what year (were you/was he/she) first told (you/he/she) had arthritis?

YEAR: 19 |__| |__|
 DISCREPANCY..... 96 (BOX B-6)
 DK..... -8

BOX B-4	
ARTHRITIS TYPE:	
TYPE OF ARTHRITIS IS KNOWN (LARTH _{TYP} = 1)	GO TO BOX B-5
ALL OTHERS.....	CONTINUE

B5. There are different kinds of arthritis. Did a doctor ever tell (you/him/her) which kind (you have/he/she has)?

YES 1
 NO..... 2 (BOX B-5)
 DK..... -8 (BOX B-5)
 DISCREPANCY..... 96 (BOX B-6)

B6. Concerning (your/his/her) arthritis, (do you/does he/she) have osteoarthritis, degenerative, rheumatoid or some other type?
 [PROBE WITH CATEGORIES IF NECESSARY.]

	YES	NO
a. OSTEO/DEGENERATIVE ARTHRITIS.....	1	2
b. RHEUMATOID	1	2
c. SOME OTHER TYPE (SPECIFY).....	1	2

BOX B-5	
X-RAYS FOR ARTHRITIS:	
X-RAYS FOR ARTHRITIS IS KNOWN (LARTH _{XRY} = 1)	
AND RESPONDENT IS THE SUBJECT	GO TO B9
ALL OTHERS.....	CONTINUE

B7. (Have you/Has he/she) ever had an x-ray for arthritis, that is, an x-ray of (your/his/her) joints?

- YES 1
- NO..... 2 (BOX B-6)
- DK..... -8 (BOX B-6)

NOTE: IF ARTHRITIS X-RAY WAS KNOWN IN PREVIOUS INTERVIEW (LARTHXY = 1) AND CURRENT RESPONSE TO B7 IS NO (B7 = 2) THE CATI PROGRAM WILL RECODE B7 TO "96" AND THEN GO TO BOX B-6.

B8. How long ago did (you/he/she) first have an x-ray for arthritis? [PROBE WITH CATEGORIES IF NECESSARY.]

- LESS THAN ONE YEAR AGO 1
- 1 BUT LESS THAN 5 YEARS AGO..... 2
- 5 BUT LESS THAN 10 YEARS AGO..... 3
- 10 OR MORE YEARS AGO..... 4

B9. How long ago did (you/he/she) last have an x-ray for arthritis? [PROBE WITH CATEGORIES IF NECESSARY.]

- LESS THAN ONE YEAR AGO 1
- 1 BUT LESS THAN 5 YEARS AGO..... 2
- 5 BUT LESS THAN 10 YEARS AGO..... 3
- 10 OR MORE YEARS AGO..... 4
- ONLY ONE X-RAY EVER..... 95
- DISCREPANCY..... 96

BOX B-6

GOUT CHECK:

GOUT REPORTED IN PREVIOUS INTERVIEW (LGOUT = 1).....	GO TO B11
ALL OTHERS.....	CONTINUE

B10. Did a doctor ever tell (you/SUBJECT) that (you have/he/she has) gout?

- YES 1 (B12)
- NO..... 2 (BOX B-8)
- DK -8 (BOX B-8)
- BORDERLINE 95 (BOX B-8)

B11. Since (MONTH/YEAR), (have you/has SUBJECT) had an episode of gout?

- YES 1 (B14)
- NO..... 2 (BOX B-7)
- DK -8 (BOX B-7)

B12. What year (were you/was he/she) first told that (you/he/she) had gout? [DO NOT PROBE A "DON'T KNOW" RESPONSE.]

YEAR: 19 |__| |__| (B14)
 DK -8
 REFUSED..... -7 (B14)

B13. Can you remember if it was less than a year ago, between 1 and 5 years ago, between 5 and 10 years ago, or 10 or more years ago?

LESS THAN ONE YEAR AGO 1
 1 BUT LESS THAN 5 YEARS AGO..... 2
 5 BUT LESS THAN 10 YEARS AGO..... 3
 10 OR MORE YEARS AGO..... 4

B14. What year did (you/he/she) have (your/his/her) last episode of gout? [DO NOT PROBE A "DON'T KNOW" RESPONSE.]

YEAR: 19 |__| |__| (BOX B-7)
 S HAD ONLY ONE EPISODE OF GOUT..... 95 (BOX B-7)
 DK -8
 REFUSED..... -7 (BOX B-7)

B15. Can you remember if it was less than a year ago, between 1 and 5 years ago, between 5 and 10 years ago, or 10 or more years ago?

LESS THAN ONE YEAR AGO 1
 1 BUT LESS THAN 5 YEARS AGO..... 2
 5 BUT LESS THAN 10 YEARS AGO..... 3
 10 OR MORE YEARS AGO..... 4
 ONLY ONE EPISODE OF GOUT EVER 95

BOX B-7

ARTHRITIS CAUSED BY GOUT CHECK:
 ARTHRITIS CAUSED BY GOUT REPORTED IN PREVIOUS
 INTERVIEW (LARTGOUT = 1) OR NEVER HAD ARTHRITIS
 ((LARTH = 2 OR B3 = 96 OR B4 = 96 OR B5 = 96 OR
 B7 = 96 OR B9 = 96) AND B3 ≠ 1)..... GO TO BOX B-8
 ALL OTHERS..... CONTINUE

B16. (Have you/Has he/she) ever had an attack of arthritis that the doctor said was caused by gout?

YES 1
 NO..... 2

BOX B-8	
ARTHRITIS/GOUT CHECK:	
ARTHRITIS REPORTED IN PREVIOUS INTERVIEW (<i>LARTH = 1</i> <i>AND B4 ≠ 96 AND B5 ≠ 96 AND B9 ≠ 96</i>)	
OR	
GOUT REPORTED IN PREVIOUS INTERVIEW (<i>LGOUT = 1</i>)	
OR	
ARTHRITIS OR GOUT REPORTED IN CURRENT INTERVIEW (<i>B3 = 1 OR B10 = 1 OR B11 = 1</i>).....	
	CONTINUE
ALL OTHERS.....	GO TO BOX B-9

B17. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for (arthritis/gout/arthritis or gout)? [PROBE: (Were you/Was he/she) there for more than a day?]

YES 1 (CHART)
NO 2

BOX B-9	
HEART ATTACK CHECK:	
HEART ATTACK REPORTED IN PREVIOUS INTERVIEW (<i>LHATTACK = 1</i>).....	
	CONTINUE
ALL OTHERS.....	GO TO B19

B18. Since (MONTH/YEAR) (have you/has SUBJECT) had a heart attack, (sometimes called coronary thrombosis or myocardial infarction)?

YES 1 (B22)
NO 2 (B24)
DK -8 (B24)

B19. Did a doctor ever tell (you/SUBJECT) that (you/he/she) had a heart attack, (sometimes called coronary thrombosis or myocardial infarction)?

YES 1
NO 2 (B24)
DK -8 (B24)

B20. In what year (were you/was he/she) first told that (you/he/she) had a heart attack, (coronary thrombosis or myocardial infarction)?

YEAR: 19 |__|__|

B21. (Have you/Has he/she) had an additional heart attack since then?

YES 1
NO 2 (B23)
DK -8 (B23)

B22. In what year was that heart attack? [PROBE: Did (you/SUBJECT) have any others since then? PROBE FOR ALL YEARS.]

YEAR: 19 |__|__|

YEAR: 19 |__|__|

YEAR: 19 |__|__|

YEAR: 19 |__|__|

B23. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for a heart attack? [PROBE: (Were you/Was he/she) there for more than a day?]

YES 1 (CHART)
 NO..... 2

B24. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for any type of heart condition (other than a heart attack)? [PROBE: (Were you/Was he/she) there for more than a day?]

YES 1 (CHART)
 NO..... 2

BOX B-10	
CORONARY BYPASS CHECK:	
CORONARY BYPASS REPORTED IN PREVIOUS INTERVIEW (LCBPSURG = 1)	CONTINUE
HEART ATTACK OR OTHER HEART CONDITION REPORTED IN PREVIOUS INTERVIEW (LHATTACK = 1 OR LHRTCOND = 1) AND NO CORONARY BYPASS REPORTED (LCBPSURG = 2)	GO TO B26
ALL OTHERS	GO TO BOX B-11

B25. Since (MONTH/YEAR) (have you/has SUBJECT) had coronary bypass surgery?

YES 1 (B27)
 NO..... 2 (BOX B-12)
 DK -8 (BOX B-12)

BOX B-11	
CURRENT HEART ATTACK/HEART CONDITION STATUS:	
HEART ATTACK (B19 = 1) OR HEART CONDITION (B24 = 1) REPORTED IN THIS INTERVIEW	CONTINUE
ALL OTHERS	GO TO BOX B-13

B26. (Have you/Has SUBJECT) ever had coronary bypass surgery?

YES 1
 NO..... 2 (BOX B-12)
 DK -8 (BOX B-12)

B27. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for coronary bypass surgery? [PROBE: (Were you/Was he/she) there for more than a day?]

YES 1 (CHART)
 NO..... 2

BOX B-12	
PACEMAKER CHECK:	
PACEMAKER REPORTED IN PREVIOUS	
INTERVIEW (LPACEMAK = 1).....	GO TO B29
ALL OTHERS.....	CONTINUE

B28. Some people with heart rhythm problems have a pacemaker inserted to control the heartbeat. (Have you/Has SUBJECT) ever had a pacemaker inserted?

YES 1
 NO..... 2 (BOX B-13)
 DK -8 (BOX B-13)

B29. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for pacemaker insertion, repair, or replacement? [PROBE: (Were you/Was he/she) there for more than a day?]

YES 1 (CHART)
 NO..... 2

BOX B-13	
STROKE CHECK:	
STROKE REPORTED IN PREVIOUS INTERVIEW (LSTROKE = 1).....	
ALL OTHERS.....	CONTINUE
	GO TO B31

B30. Since (MONTH/YEAR) (have you/has SUBJECT) had a stroke (sometimes called a CVA)?

YES 1 (B34)
 NO..... 2 (BOX B-14)
 VOLUNTEERS SMALL STROKE 3 (B34)
 VOLUNTEERS POSSIBLE STROKE 4 (B34)
 VOLUNTEERS TIA..... 5 (B34)
 DK -8 (BOX B-14)

B31. Did a doctor ever tell (you/SUBJECT) that (you/he/she) had a stroke (sometimes called a CVA)?

- YES 1
- NO 2 (BOX B-15)
- VOLUNTEERS SMALL STROKE 3
- VOLUNTEERS POSSIBLE STROKE 4
- VOLUNTEERS TIA 5
- DK -8 (BOX B-15)

B32. In what year (were you/was he/she) first told that (you/he/she) had a (stroke/small stroke/possible stroke/TIA)?

YEAR: 19 |__|__|

B33. (Have you/Has he/she) had an additional (stroke/small stroke or stroke/possible stroke or stroke/TIA or stroke) since then?

- YES 1
- NO 2 (B35)
- VOLUNTEERS SMALL STROKE 3
- VOLUNTEERS POSSIBLE STROKE 4
- VOLUNTEERS TIA 5
- DK -8 (B35)

B34. In what year was that (stroke/small stroke/possible stroke/TIA)? [PROBE: Did (you/SUBJECT) have any others since then? PROBE FOR ALL YEARS.]

YEAR: 19 |__|__|

YEAR: 19 |__|__|

B35. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for a (stroke/small stroke/possible stroke/TIA)? [PROBE: (Were you/Was he/she) there for more than a day?]

- YES 1 (CHART)
- NO 2

BOX B-14	
STROKE CHECK:	
STROKE IN PREVIOUS INTERVIEW (LSTROKE = 1) AND NO REPORT OF STROKE IN THIS INTERVIEW (B30 = 2, -8) AND RESPONDENT IS A PROXY	GO TO BOX B-15
ALL OTHERS	CONTINUE

B36. (Concerning the stroke you told us about last time we talked,) (Do you/Does SUBJECT now have any problems as a result of (your/his/her) (strokes/stroke/small stroke/possible stroke/TIA)? That is, (do you/does he/she) have . . .?)

	YES	NO	DISC	
a. Trouble with (your/his/her) arm and leg being weak or hard to use?.....	1	2	96	(BOX B-15)
b. Trouble walking due to (your/his/her) stroke?.....	1	2		
c. Trouble with speech?.....	1	2		
d. Some other trouble as a result of (your/his/her) stroke? (SPECIFY).....	1	2		

BOX B-15

DIABETES CHECK:
 DIABETES REPORTED IN PREVIOUS INTERVIEW (*LDIABETE = 1*)
 AND RESPONDENT IS THE SUBJECT CONTINUE
 ALL OTHERS..... GO TO B38

B37. Are you now taking medication for diabetes?

YES	1	(B40)
NO.....	2	(B42)
DK	-8	(B42)
DISCREPANCY.....	96	(B43)

B38. Did a doctor ever tell (you/SUBJECT) that (you/he/she) had diabetes or sugar diabetes?

YES	1
NO.....	2 (B43)
DK	-8 (B43)
BORDERLINE	95 (B43)

NOTE: IF DIABETES REPORTED IN PREVIOUS INTERVIEW (LDIABETE = 1) AND CURRENT RESPONSE TO B38 IS NO (B38 = 2) THE CATI PROGRAM WILL RECODE B38 TO "96" AND THEN GO TO B43.

B39. In what year (were you/was he/she) first told that (you/he/she) had diabetes or sugar diabetes?

YEAR: 19 |__|__|

B40. (Are you/is he/she) now taking insulin injections for (your/his/her) diabetes?

YES 1
NO..... 2

B41. (Are you/is he/she) now taking pills for (your/his/her) diabetes?

YES 1
NO..... 2

B42. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for diabetes? [PROBE: (Were you/Was he/she) there for more than a day?]

YES 1 (CHART)
NO..... 2

B43. (Have you/Has SUBJECT) ever been told by a doctor or health professional that (your/his/her) blood cholesterol is high?

YES 1
NO..... 2 (BOX B-16)
DK -8 (BOX B-16)
BORDERLINE 95 (BOX B-16)

NOTE: IF HIGH BLOOD CHOLESTEROL REPORTED IN PREVIOUS INTERVIEW (LHICHOL = 1) AND CURRENT RESPONSE TO B43 IS NO (B43 = 2) THE CATI PROGRAM WILL RECODE B43 TO "96" AND THEN GO TO BOX B-16.

B44. (Do you/Does SUBJECT) currently have high blood cholesterol?

YES 1
NO..... 2
BORDERLINE 95

B45. In what year (were you/was he/she) first told that (you/he/she) had high blood cholesterol?

YEAR: 19 |__|__|

B46. Has a doctor ever prescribed medicine for (your/his/her) high blood cholesterol?

YES 1
NO..... 2 (BOX B-16)
DK -8 (BOX B-16)

B47. (Are you/is SUBJECT) now taking medication for high blood cholesterol?

YES 1
NO..... 2

BOX B-16	
HIGH BLOOD PRESSURE CHECK:	
HIGH BLOOD PRESSURE REPORTED IN PREVIOUS INTERVIEW	
(LHIGHBP = 1) AND RESPONDENT IS THE SUBJECT	GO TO BOX B-17
ALL OTHERS.....	CONTINUE

B48. (Have you/Has SUBJECT) ever been told by the doctor that (you/he/she) had high blood pressure or hypertension?

- YES 1
- NO..... 2 (B53)
- DK..... -8 (B53)
- BORDERLINE 95 (B53)

NOTE: IF HIGH BLOOD PRESSURE REPORTED IN PREVIOUS INTERVIEW (LHIGHBP = 1) AND THE RESPONSE TO B48 IS NO (B48 = 2) THE CATI PROGRAM WILL RECODE B48 TO "96" AND THEN GO TO B53.

B49. In what year (were you/was he/she) first told that (you/he/she) had high blood pressure or hypertension?

YEAR: 19 |__|__|

BOX B-17	
HIGH BLOOD PRESSURE MEDICATION CHECK:	
HIGH BLOOD PRESSURE MEDICATION REPORTED IN	
PREVIOUS INTERVIEW (LHIBPMED = 1) AND	
RESPONDENT IS THE SUBJECT	GO TO B51
ALL OTHERS.....	CONTINUE

B50. Has the doctor ever prescribed medicine for (your/his/her) high blood pressure?

- YES 1
- NO..... 2 (B52)
- DK..... -8 (B52)
- DISCREPANCY..... 96 (B53)

B51. (Are you/Is SUBJECT) now taking medication for high blood pressure?

- YES 1
- NO..... 2
- DISCREPANCY..... 96 (B53)

B52. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for high blood pressure? [PROBE: (Were you/Was he/she) there for more than a day?]

- YES 1 (CHART)
- NO..... 2

B53. (Are you/Is SUBJECT) currently doing anything to control (your/his/her) weight?

YES 1
 NO..... 2 (BOX B-18)
 DK..... -8 (BOX B-18)

B54. Is this for health reasons?

YES 1
 NO..... 2

BOX B-18	
BREAST CANCER CHECK:	
BREAST CANCER REPORTED IN PREVIOUS INTERVIEW	
(LBRSTCAN = 1)	CONTINUE
ALL OTHERS.....	GO TO B57

BOX B-19	
YEAR OF FIRST BREAST CANCER:	
YEAR OF FIRST BREAST CANCER IS NOT KNOWN (LBCANCYR = 2)	
AND RESPONDENT IS THE SUBJECT	GO TO B56
YEAR OF FIRST BREAST CANCER IS NOT KNOWN (LBCANCYR = 2)	
AND RESPONDENT IS A PROXY	CONTINUE
ALL OTHERS.....	GO TO B57

B55. Has (SUBJECT) ever been told by a doctor that (he/she) had breast cancer?

YES 1
 NO..... 2 (B57)
 DK..... -8 (B57)

NOTE: IF BREAST CANCER REPORTED IN PREVIOUS INTERVIEW (LBRSTCAN = 1) AND THE RESPONSE TO B55 IS NO (B55 = 2) THE CATI PROGRAM WILL RECODE B55 TO "96" AND THEN GO TO B57.

B56. In what year (were you/was he/she) first told by a doctor that (you/he/she) had breast cancer?

YEAR: 19 |__|__|
 DISCREPANCY..... 96

B57. Did a doctor ever tell (you/SUBJECT) that (you/he/she) had skin cancer?

YES 1
 NO 2 (BOX B-22)
 DK -8 (BOX B-22)

NOTE: IF SKIN CANCER REPORTED IN PREVIOUS INTERVIEW (LSKNCANC = 1) AND THE RESPONSE TO B57 IS NO (B57 = 2) THE CATI PROGRAM WILL RECODE B57 TO "96" AND THEN GO TO BOX B-22.

B58. Concerning (your/his/her) skin cancer, was it malignant melanoma or some other type?

	YES	NO	DK
a. MALIGNANT MELANOMA	1	2	-8
b. SOME OTHER TYPE	1	2	-8

BOX B-20	
MALIGNANT MELANOMA CHECK:	
MALIGNANT MELANOMA REPORTED IN CURRENT INTERVIEW (B58a = 1)	CONTINUE
ALL OTHERS	GO TO BOX B-21

B59. In what year (were you/was he/she) first told that (you/he/she) had malignant melanoma?

YEAR: 19 |__|__|

B60. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for malignant melanoma? [PROBE: (Were you/Was he/she) there for more than a day?]

YES 1 (CHART)
 NO 2

BOX B-21	
OTHER TYPE OF SKIN CANCER CHECK:	
SOME OTHER TYPE OF SKIN CANCER REPORTED IN CURRENT INTERVIEW (B58b = 1) OR SKIN CANCER TYPE IS UNKNOWN (B58a = -8 OR B58b = -8)	CONTINUE
ALL OTHERS	GO TO BOX B-22

B61. In what year (were you/was he/she) first told that (you/he/she) had skin cancer (other than malignant melanoma)?

YEAR: 19 |__|__|

B62. How many times (have you/has he/she) been told by a doctor that (you/he/she) had skin cancer (other than malignant melanoma)?

NUMBER OF TIMES: |__|__|

B63. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for skin cancer (other than malignant melanoma)? [PROBE: (Were you/Was he/she) there for more than a day?]

YES 1 (CHART)
 NO 2

BOX B-22	
OTHER CANCER CHECK:	
CANCER REPORTED IN PREVIOUS INTERVIEW (LCANCER = 1 OR LBRSTCAN = 1)	CONTINUE
ALL OTHERS	GO TO B65

B64. Since (MONTH/YEAR), (have you/has SUBJECT) had any type of cancer diagnosed, (other than skin cancer/other than the cancer we talked about)?

YES 1 (B67)
 NO 2 (B66)
 REFUSED..... -7 (BOX B-22a)
 DK -8 (B66)

B65. Did a doctor ever tell (you/SUBJECT) that (you/he/she) had cancer of any sort (other than skin cancer/other than the cancer we talked about)?

YES 1 (B67)
 NO 2 (BOX B-22a)
 DK -8 (BOX B-22a)

B66. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for any cancer condition (other than skin cancer)? [PROBE: (Were you/Was he/she) there for more than a day?]

YES 1 (CHART, THEN
GO TO BOX B-22a)
 NO 2 (BOX B-22a)

ASK B67 - B69 FOR EACH DIAGNOSIS	1ST DIAGNOSIS	2ND DIAGNOSIS	3RD DIAGNOSIS
<p>B67. Where was the cancer or what type of cancer was it? [PROBE: (Have you/Has he/she) had any other cancer diagnosed] [since (MONTH/YEAR)]?</p>	<p>LUNG..... 1 BREAST..... 2 LARGE BOWEL COLON..... 3 RECTUM..... 4 PANCREAS..... 5 BLADDER..... 6 PROSTATE..... 7 UTERUS CERVIX..... 8 ENDOMETRIUM OR CORPUS..... 9 LEUKEMIA..... 10 NON-HODGKIN'S LYMPHOMA..... 11 STOMACH..... 12 OVARY..... 13 KIDNEY..... 14 OTHER (SPECIFY)..... 91 SITE: _____ <u>OR</u> TYPE: _____</p>	<p>LUNG..... 1 BREAST..... 2 LARGE BOWEL COLON..... 3 RECTUM..... 4 PANCREAS..... 5 BLADDER..... 6 PROSTATE..... 7 UTERUS CERVIX..... 8 ENDOMETRIUM OR CORPUS..... 9 LEUKEMIA..... 10 NON-HODGKIN'S LYMPHOMA..... 11 STOMACH..... 12 OVARY..... 13 KIDNEY..... 14 OTHER (SPECIFY)..... 91 SITE: _____ <u>OR</u> TYPE: _____</p>	<p>LUNG..... 1 BREAST..... 2 LARGE BOWEL COLON..... 3 RECTUM..... 4 PANCREAS..... 5 BLADDER..... 6 PROSTATE..... 7 UTERUS CERVIX..... 8 ENDOMETRIUM OR CORPUS..... 9 LEUKEMIA..... 10 NON-HODGKIN'S LYMPHOMA..... 11 STOMACH..... 12 OVARY..... 13 KIDNEY..... 14 OTHER (SPECIFY)..... 91 SITE: _____ <u>OR</u> TYPE: _____</p>
<p>B68. In what year (were you/was he/she) first told that (you/he/she) had (CANCER)?</p>	<p>YEAR: 19 __ __ </p>	<p>YEAR: 19 __ __ </p>	<p>YEAR: 19 __ __ </p>
<p>B69. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for (CANCER)? [PROBE: (Were you/Was he/she) there for more than a day?]</p>	<p>YES..... 1 (CHART) NO..... 2</p>	<p>YES..... 1 (CHART) NO..... 2</p>	<p>YES..... 1 (CHART) NO..... 2</p>

BOX B-22a

CANCER CHECK:
ANY CANCER REPORTED IN THIS INTERVIEW (B55 = 1 OR B57 = 1 OR B64 = 1 OR B65 = 1)
 OR
CANCER REPORTED IN PREVIOUS INTERVIEW (LCANCER = 1)
 OR (LBRSTCAN = 1) AND RESPONDENT IS THE SUBJECT CONTINUE
 ALL OTHERS..... GO TO B70

B69a. (Have you/Has SUBJECT) ever had out-patient surgery for any type of cancer?

YES 1
 NO..... 2 (B70)
 DK..... -8 (B70)

ASK B69b - B69c FOR EACH CANCER	1ST CANCER	2ND CANCER	3RD CANCER	
B69b. For what type of cancer (have you/has he/she) had out-patient surgery? [PROBE: (Have you/Has he/she) had out-patient surgery for any other cancer?] LUNG..... 1 BREAST..... 2 LARGE BOWEL COLON..... 3 RECTUM..... 4 PANCREAS..... 5 BLADDER..... 6 PROSTATE..... 7 UTERUS CERVIX..... 8 ENDOMETRIUM OR CORPUS... 9 LEUKEMIA..... 10 NON-HODGKIN'S LYMPHOMA..... 11 STOMACH..... 12 OVARY..... 13 KIDNEY..... 14 SKIN MELANOMA..... 15 NON-MELANOMA..... 16 NON-SPECIFIED..... 17 OTHER (SPECIFY)..... 91 SITE: _____ OR TYPE: _____	LUNG..... 1 BREAST..... 2 LARGE BOWEL COLON..... 3 RECTUM..... 4 PANCREAS..... 5 BLADDER..... 6 PROSTATE..... 7 UTERUS CERVIX..... 8 ENDOMETRIUM OR CORPUS... 9 LEUKEMIA..... 10 NON-HODGKIN'S LYMPHOMA..... 11 STOMACH..... 12 OVARY..... 13 KIDNEY..... 14 SKIN MELANOMA..... 15 NON-MELANOMA..... 16 NON-SPECIFIED..... 17 OTHER (SPECIFY)..... 91 SITE: _____ OR TYPE: _____	LUNG..... 1 BREAST..... 2 LARGE BOWEL COLON..... 3 RECTUM..... 4 PANCREAS..... 5 BLADDER..... 6 PROSTATE..... 7 UTERUS CERVIX..... 8 ENDOMETRIUM OR CORPUS... 9 LEUKEMIA..... 10 NON-HODGKIN'S LYMPHOMA..... 11 STOMACH..... 12 OVARY..... 13 KIDNEY..... 14 SKIN MELANOMA..... 15 NON-MELANOMA..... 16 NON-SPECIFIED..... 17 OTHER (SPECIFY)..... 91 SITE: _____ OR TYPE: _____	LUNG..... 1 BREAST..... 2 LARGE BOWEL COLON..... 3 RECTUM..... 4 PANCREAS..... 5 BLADDER..... 6 PROSTATE..... 7 UTERUS CERVIX..... 8 ENDOMETRIUM OR CORPUS... 9 LEUKEMIA..... 10 NON-HODGKIN'S LYMPHOMA..... 11 STOMACH..... 12 OVARY..... 13 KIDNEY..... 14 SKIN MELANOMA..... 15 NON-MELANOMA..... 16 NON-SPECIFIED..... 17 OTHER (SPECIFY)..... 91 SITE: _____ OR TYPE: _____	
	YEAR: 19 __ __	YEAR: 19 __ __	YEAR: 19 __ __	
	B69c. In what year was (your/his/her) most recent out-patient surgery for (CANCER)?	YEAR: 19 __ __	YEAR: 19 __ __	YEAR: 19 __ __

B70. Now I have a few questions about the health of some of (your/SUBJECT'S) blood relatives. I am only interested in (your/his/her) relatives who are related by blood. Do not include adopted or foster relatives. I will be asking about (your/his/her) mother, (your/his/her) father, any sisters and brothers (you have/he/she has), and any children.

In the last 10 years, have any of these relatives been told by a doctor that they have cancer?

YES 1
 NO..... 2 (BOX B-23)
 DK -8 (BOX B-23)

ASK B71 - B73 FOR EACH RELATIVE	1ST RELATIVE	2ND RELATIVE	3RD RELATIVE
B71. What relation to (you/SUBJECT) are any blood relatives who had cancer during the last 10 years?	<p>RELATIONSHIP</p> <p>_____</p> <p>RELATIONSHIP:</p> <p>FATHER..... 1</p> <p>MOTHER..... 2</p> <p>BROTHER..... 3</p> <p>SISTER..... 4</p> <p>SON..... 5</p> <p>DAUGHTER..... 6</p>	<p>RELATIONSHIP</p> <p>_____</p> <p>RELATIONSHIP:</p> <p>FATHER..... 1</p> <p>MOTHER..... 2</p> <p>BROTHER..... 3</p> <p>SISTER..... 4</p> <p>SON..... 5</p> <p>DAUGHTER..... 6</p>	<p>RELATIONSHIP</p> <p>_____</p> <p>RELATIONSHIP:</p> <p>FATHER..... 1</p> <p>MOTHER..... 2</p> <p>BROTHER..... 3</p> <p>SISTER..... 4</p> <p>SON..... 5</p> <p>DAUGHTER..... 6</p>
B72. What is (his/her) first name?	<p>_____</p> <p>FIRST NAME</p>	<p>_____</p> <p>FIRST NAME</p>	<p>_____</p> <p>FIRST NAME</p>
B73. Where was the cancer or what type of cancer was it? [PROBE: Has (he/she) had any other cancer diagnosed?] [ENTER ALL THAT APPLY]	<p>LUNG..... 1</p> <p>BREAST..... 2</p> <p>LARGE BOWEL</p> <p>COLON..... 3</p> <p>RECTUM..... 4</p> <p>PANCREAS..... 5</p> <p>BLADDER..... 6</p> <p>PROSTATE..... 7</p> <p>UTERUS</p> <p>CERVIX..... 8</p> <p>ENDOMETRIUM OR CORPUS... 9</p> <p>LEUKEMIA..... 10</p> <p>NON-HODGKIN'S LYMPHOMA..... 11</p> <p>STOMACH..... 12</p> <p>OVARY..... 13</p> <p>KIDNEY..... 14</p> <p>SKIN</p> <p>MELANOMA..... 15</p> <p>NON-MELANOMA..... 16</p> <p>NON-SPECIFIED..... 17</p> <p>OTHER (SPECIFY)..... 91</p> <p>SITE: _____</p> <p>OR</p> <p>TYPE: _____</p>	<p>LUNG..... 1</p> <p>BREAST..... 2</p> <p>LARGE BOWEL</p> <p>COLON..... 3</p> <p>RECTUM..... 4</p> <p>PANCREAS..... 5</p> <p>BLADDER..... 6</p> <p>PROSTATE..... 7</p> <p>UTERUS</p> <p>CERVIX..... 8</p> <p>ENDOMETRIUM OR CORPUS... 9</p> <p>LEUKEMIA..... 10</p> <p>NON-HODGKIN'S LYMPHOMA..... 11</p> <p>STOMACH..... 12</p> <p>OVARY..... 13</p> <p>KIDNEY..... 14</p> <p>SKIN</p> <p>MELANOMA..... 15</p> <p>NON-MELANOMA..... 16</p> <p>NON-SPECIFIED..... 17</p> <p>OTHER (SPECIFY)..... 91</p> <p>SITE: _____</p> <p>OR</p> <p>TYPE: _____</p>	<p>LUNG..... 1</p> <p>BREAST..... 2</p> <p>LARGE BOWEL</p> <p>COLON..... 3</p> <p>RECTUM..... 4</p> <p>PANCREAS..... 5</p> <p>BLADDER..... 6</p> <p>PROSTATE..... 7</p> <p>UTERUS</p> <p>CERVIX..... 8</p> <p>ENDOMETRIUM OR CORPUS... 9</p> <p>LEUKEMIA..... 10</p> <p>NON-HODGKIN'S LYMPHOMA..... 11</p> <p>STOMACH..... 12</p> <p>OVARY..... 13</p> <p>KIDNEY..... 14</p> <p>SKIN</p> <p>MELANOMA..... 15</p> <p>NON-MELANOMA..... 16</p> <p>NON-SPECIFIED..... 17</p> <p>OTHER (SPECIFY)..... 91</p> <p>SITE: _____</p> <p>OR</p> <p>TYPE: _____</p>

Now I have some more questions concerning (your/SUBJECT'S) health.

BOX B-23	
BROKEN/FRACTURED HIP CHECK:	
BROKEN OR FRACTURED HIP REPORTED IN PREVIOUS INTERVIEW (LBROKHIP = 1) AND RESPONDENT IS THE SUBJECT	CONTINUE
ALL OTHERS	GO TO B76

BOX B-24	
YEAR OF FIRST BROKEN HIP:	
YEAR OF FIRST BROKEN HIP IS KNOWN (LBKHIPYR = 1)	GO TO B75
ALL OTHERS	CONTINUE

B74. In what year were you first told that you had a broken or fractured hip?

YEAR: 19 |__|__|
DISCREPANCY..... 96 (BOX B-25)

B75. Since (MONTH/YEAR) have you had a broken or fractured hip?

YES 1 (B79)
NO..... 2 (BOX B-25)
DK -8 (BOX B-25)

B76. (Have you/Has SUBJECT) ever been told by the doctor that (you/he/she) had a broken or fractured hip?

YES 1
NO..... 2 (BOX B-25)
DK -8 (BOX B-25)

NOTE: IF BROKEN HIP REPORTED IN PREVIOUS INTERVIEW (LBROKHIP = 1) AND THE RESPONSE TO B76 IS NO (B76 = 2) THE CATI PROGRAM WILL RECODE B76 TO "96" AND THEN GO TO BOX B-25.

B77. In what year (were you/was he/she) first told that (you/he/she) had a broken or fractured hip?

YEAR: 19 |__|__|

B78. (Have you/Has he/she) had an additional fractured hip since then?

YES 1
NO..... 2 (B80)
DK -8 (B80)

B79. In what year did (you/he/she) have that break or fracture of (your/his/her) hip? [PROBE: (Have you/Has he/she) had another fractured hip since then? PROBE FOR ALL YEARS.]

YEAR: 19 |__|__|

YEAR: 19 |__|__|

YEAR: 19 |__|__|

YEAR: 19 |__|__|

B80. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for a broken or fractured hip? [PROBE: (Were you/Was he/she) there for more than a day?]

YES 1 (CHART)
 NO 2

BOX B-25	
OSTEOPOROSIS CHECK:	
OSTEOPOROSIS REPORTED IN PREVIOUS INTERVIEW (LOSTEO = 1).....	GO TO BOX B-26
ALL OTHERS.....	CONTINUE

B81. Did a doctor ever tell (you/SUBJECT) that (you/he/she) had osteoporosis?

YES 1
 NO 2 (BOX B-26)
 DK -8 (BOX B-26)

B82. In what year (were you/was he/she) first told that (you/he/she) had osteoporosis?

YEAR: 19 |__|__|

BOX B-26	
BROKEN WRIST CHECK:	
BROKEN WRIST REPORTED IN PREVIOUS INTERVIEW (LBRKWRST = 1).....	CONTINUE
ALL OTHERS.....	GO TO B84

B83. Since (MONTH/YEAR) (have you/has SUBJECT) broken or fractured (your/his/her) wrist?

YES 1 (B85)
 NO 2 (B86)
 DK -8 (B86)

B84. (Have you/Has SUBJECT) ever been told by a doctor that (you/he/she) had broken or fractured (your/his/her) wrist?

- YES 1
- NO..... 2 (B86)
- DK -8 (B86)

B85. In what year was that wrist broken or fractured? (PROBE: [(Since 1970/Since (MONTH/YEAR)], did (you/SUBJECT) have any other wrist breaks or fractures of your wrist?])

- YEAR: 19 |__|__|
- YEAR: 19 |__|__|
- YEAR: 19 |__|__|
- YEAR: 19 |__|__|

B86. The next few questions are about falls. I'm interested in falls where (you have/SUBJECT has) fallen and landed on the floor or ground or hit an object like a table or stair. During the past 12 months, (have you/has SUBJECT) had this kind of fall?

- YES 1
- NO..... 2 (B90)
- DK -8 (B90)

B87. How many times (have you/has he/she) fallen like this during the past 12 months?

NUMBER OF TIMES: |__|__|

B88. (Did this fall/Did any of these falls) . . .

	YES	NO
a. cause a broken bone?	1	2
b. cause (you/him/her) to hit or injure (your/his/her) head?	1	2
c. cause (you/him/her) to seek medical care?	1	2

B89. During the past 12 months, (were you/was he/she) hospitalized for (this fall/any of these falls)? [PROBE: (Were you/Was he/she) there for more than a day?]

- YES 1 (CHART)
- NO..... 2

B90. Since (1987/1985/1980/1970), (have you/has SUBJECT) been hospitalized for pneumonia, bronchitis, or the flu? [PROBE: (Were you/Was he/she) there for more than a day?]

- YES 1 (CHART)
- NO..... 2

BOX B-27	
KIDNEY DISORDER CHECK:	
KIDNEY DISEASE OR KIDNEY STONES REPORTED IN PREVIOUS INTERVIEW (LKIDNEY = 1)	CONTINUE
ALL OTHERS.....	GO TO B92

B91. Since (MONTH/YEAR) (have you/has SUBJECT) had a kidney disorder or kidney stone(s)? Please do not include kidney infections.

YES 1 (BOX B-28)
NO..... 2 (BOX B-28)

B92. (Have you/Has SUBJECT) ever been told by the doctor that (you/he/she) had a kidney disorder or kidney stone(s)? Please do not include kidney infections.

YES 1
NO..... 2 (BOX B-28)
DK -8 (BOX B-28)

B93. What year (were you/was he/she) first told (you/he/she) had a kidney disorder or kidney stones?

YEAR: 19 |__|__|

BOX B-28	
URINARY TRACT/KIDNEY INFECTION STATUS:	
URINARY TRACT/KIDNEY INFECTION REPORTED IN PREVIOUS INTERVIEW (LUTI = 1)	CONTINUE
ALL OTHERS.....	GO TO B95

B94. Since (MONTH/YEAR) (have you/has SUBJECT) had a urinary tract or kidney infection?

YES 1 (BOX B-29)
NO..... 2 (BOX B-29)

B95. (Have you/Has he/she) ever been told by a doctor that (you/he/she) had a urinary tract or kidney infection more than three times?

YES 1
NO..... 2 (BOX B-29)
DK -8 (BOX B-29)

B96. What year (were you/was he/she) first told that (you/he/she) had a urinary tract or kidney infection?

YEAR: 19 |__|__|

BOX B-29	
KIDNEY DISORDER/URINARY TRACT INFECTION CHECK:	
CURRENT REPORT OF KIDNEY DISORDER/KIDNEY STONES	
(B91 = 1 OR B92 = 1) OR URINARY TRACT INFECTION/	
KIDNEY INFECTION (B94 = 1 OR B95 = 1)	CONTINUE
ALL OTHERS.....	GO TO B98

B97. Since (1987/1985/1980/1970), (have you/has SUBJECT) been hospitalized for a kidney condition or urinary tract infection?
 [PROBE: (Were you/Was he/she) there for more than one day?]

YES 1 (CHART)
 NO..... 2

B98. (Have you/Has SUBJECT) ever been told by a doctor that (you/he/she) had a hernia or rupture?

YES 1
 NO..... 2 (BOX B-32)
 DK..... -8 (BOX B-32)

B99. Concerning (your/his/her) hernia, was this a hiatal hernia of the diaphragm, a hernia or rupture of the groin, or some other type of hernia or rupture? [PROBE WITH CATEGORIES IF NECESSARY.]

	YES	NO	DK
a. HIATAL HERNIA.....	1	2	-8
b. HERNIA OR RUPTURE OF THE GROIN [INGUINAL HERNIA].....	1	2	-8
c. SOME OTHER TYPE OF HERNIA OR RUPTURE [SPECIFY].....	1	2	-8

BOX B-30	
HERNIA TYPE:	
GROIN HERNIA (B99b = 1).....	CONTINUE
ALL OTHERS.....	GO TO BOX B-31

B100. In what year (were you/was he/she) first told that (you/he/she) had a hernia or rupture of the groin?

YEAR: 19 |__|__|

B101. (Have you/Has SUBJECT) ever had surgery for a hernia of the groin?

YES 1
 NO..... 2 (BOX B-31)
 DK..... -8 (BOX B-31)

B102. In what year did any surgery for a hernia of the groin occur? [PROBE FOR ALL YEARS]

YEAR: 19 |__|__|
 YEAR: 19 |__|__|
 YEAR: 19 |__|__|
 YEAR: 19 |__|__|

BOX B-31	
HERNIA TYPE:	
OTHER HERNIA (B99c = 1) OR ALL DON'T KNOW (B99a-c = -8)	CONTINUE
ALL OTHERS	GO TO BOX B-32

B103. In what year (were you/was he/she) first told that (you/he/she) had (some other type of/a) hernia or rupture?

YEAR: 19 |__|__|

BOX B-32	
CATARACTS CHECK:	
CATARACTS REPORTED IN PREVIOUS INTERVIEW (LCATRACT = 1)	CONTINUE
ALL OTHERS	GO TO B105

BOX B-33	
CATARACT SURGERY CHECK:	
CATARACT SURGERY REPORTED IN PREVIOUS INTERVIEW (LCATSURG = 1)	CONTINUE
ALL OTHERS	GO TO B106

B104. Since (MONTH/YEAR) (have you/has he/she) had cataract surgery?

YES 1 (B107)
 NO 2 (BOX B-34)
 DK -8 (BOX B-34)

B105. Has a doctor ever told (you/SUBJECT) that (you/he/she) had cataracts?

YES 1
 NO 2 (BOX B-34)
 DK -8 (BOX B-34)

B106. (Have you/Has he/she) ever had surgery for cataracts?

YES 1
 NO..... 2 (BOX B-34)
 DK..... -8 (BOX B-34)

B107. What year did (you/he/she) have (your/his/her) cataract surgery? [PROBE: Did (you/he/she) have any other cataract surgery? RECORD ALL YEARS.]

YEAR: 19 |__|__|
 YEAR: 19 |__|__|

B108. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for more than one day for cataract surgery?

YES 1 (CHART)
 NO..... 2

BOX B-34	
SEX AND PREVIOUS STERILIZATION:	
§ IS MALE (LSSEX = 1) AND NOT PREVIOUSLY STERILIZED (LVASECT = 2)	CONTINUE
ALL OTHERS.....	GO TO B111

B109. (Have you/Has SUBJECT) ever had an operation in order to be sterilized, also known as a vasectomy?

YES 1
 NO..... 2 (B111)
 DK..... -8 (B111)

B110. How old (were you/was he) when (you/he) had this vasectomy?

AGE IN YEARS: |__|__|

B111. (I have recorded that (you were/SUBJECT was) hospitalized (READ DATES, CONDITIONS AND FACILITY NAMES FROM CHART).)

Now, I would like you to think back over the time between (1987/1985/1980/1970) and the present. (You/He/She) would have been about (AGE) in (1987/1985/1980/1970). (Have you/Has he/she) stayed in a hospital for any (other) reason including surgery, tests or for observation since (you were/he/she was) (AGE)? [PROBE: (Were you/Was he/she) there for more than a day?]

YES 1
 NO..... 2 (BOX B-35)
 DK..... -8 (BOX B-35)

ASK B112 AND THEN B113 FOR EACH CONDITION	CONDITION 1	CONDITION 2	CONDITION 3
<p>B112. For what condition was that? [PROBE: Did (you/he/she) have any other hospitalizations since (1987/1985/1980/1970)?] [GO TO CHART AFTER CODING CONDITION.]</p>	<p>TESTS AND/OR OBSERVATION 1 DIGESTIVE/ULCERS PROBLEMS 2 RESPIRATORY/ BREATHING PROBLEMS 3 INFECTIONS 4 SURGERY FOR OTHER CONDITIONS 5 OTHER (SPECIFY) 91</p> <p>_____</p> <p>_____</p> <p>(CHART)</p>	<p>TESTS AND/OR OBSERVATION 1 DIGESTIVE/ULCERS PROBLEMS 2 RESPIRATORY/ BREATHING PROBLEMS 3 INFECTIONS 4 SURGERY FOR OTHER CONDITIONS 5 OTHER (SPECIFY) 91</p> <p>_____</p> <p>_____</p> <p>(CHART)</p>	<p>TESTS AND/OR OBSERVATION 1 DIGESTIVE/ULCERS PROBLEMS 2 RESPIRATORY/ BREATHING PROBLEMS 3 INFECTIONS 4 SURGERY FOR OTHER CONDITIONS 5 OTHER (SPECIFY) 91</p> <p>_____</p> <p>_____</p> <p>(CHART)</p>
<p>B113. [INTERVIEWER FILL IN THE YEAR OF THIS ADMISSION FROM HOSPITAL CHART.]</p>	<p>MONTH: __ __ DAY: __ __ YEAR: __ __ SPECIFY: _____</p> <p>_____</p>	<p>MONTH: __ __ DAY: __ __ YEAR: __ __ SPECIFY: _____</p> <p>_____</p>	<p>MONTH: __ __ DAY: __ __ YEAR: __ __ SPECIFY: _____</p> <p>_____</p>

BOX B-35	
CURRENT RESIDENCE:	
RESIDING IN NURSING HOME (A1 = 2)	GO TO B116
ALL OTHERS	CONTINUE

B114. Since (1987/1985/1980/1970), (have you/has SUBJECT) ever stayed in a rest home, a nursing home, a mental health facility, or anything like that? [PROBE: (Were you/Was he/she) there for more than a day?]

- YES 1 (B116)
- NO 2
- REFUSED -7 (BOX B-39)
- DK -8 (BOX B-39)

BOX B-36	
PREVIOUS RESIDENCE:	
IN NURSING HOME IN MOST RECENT INTERVIEW (LNURSING = 1)	CONTINUE
ALL OTHERS	GO TO BOX B-39

B115. (Were you/Was he/she) staying in a rest home, a nursing home, a mental health facility, or anything like that in (YEAR OF LAST INTERVIEW)?

- YES 1
- NO 2 (BOX B-39)
- DK -8 (BOX B-39)

	ADMISSION 1	ADMISSION 2	ADMISSION 3
B116. [FOR FIRST ADMISSION: IF CURRENTLY IN A NURSING HOME (A1 = 2), CODE AS "1" AND GO TO B117 WITHOUT ASKING B116] To what type of place was (the most recent/this) admission?	NURSING HOME/ REST HOME..... 1 MENTAL HEALTH FACILITY..... 2 HEALTH CARE REHABILITATION CENTER..... 3 OTHER (SPECIFY) 91 _____	NURSING HOME/ REST HOME..... 1 MENTAL HEALTH FACILITY..... 2 HEALTH CARE REHABILITATION CENTER..... 3 OTHER (SPECIFY) 91 _____	NURSING HOME/ REST HOME..... 1 MENTAL HEALTH FACILITY..... 2 HEALTH CARE REHABILITATION CENTER..... 3 OTHER (SPECIFY) 91 _____
B117. Did (you/SUBJECT) enter the (TYPE OF FACILITY) (that (you are/he/she is) currently in) directly from (your/his/her) own home, from a hospital, or from some other place?	OWN HOME 1 HOSPITAL..... 2 NURSING HOME/ REST HOME..... 3 MENTAL HEALTH FACILITY..... 4 HEALTH CARE REHABILITATION CENTER..... 5 FRIEND/RELA- TIVE'S HOME..... 6 OTHER (SPECIFY) 91 _____	OWN HOME 1 HOSPITAL..... 2 NURSING HOME/ REST HOME..... 3 MENTAL HEALTH FACILITY..... 4 HEALTH CARE REHABILITATION CENTER..... 5 FRIEND/RELA- TIVE'S HOME..... 6 OTHER (SPECIFY) 91 _____	OWN HOME 1 HOSPITAL..... 2 NURSING HOME/ REST HOME..... 3 MENTAL HEALTH FACILITY..... 4 HEALTH CARE REHABILITATION CENTER..... 5 FRIEND/RELA- TIVE'S HOME..... 6 OTHER (SPECIFY) 91 _____
B118. In what year did (you/he/she) enter the (TYPE OF FACILITY)?	YEAR: 19 __ __	YEAR: 19 __ __	YEAR: 19 __ __

BOX B-37

MENTAL HEALTH FACILITY:
MENTAL HEALTH FACILITY STAY REPORTED IN THIS
 INTERVIEW (B116 = 2) **GO TO B121**
 ALL OTHERS..... **CONTINUE**

B119. There are many reasons why people enter a (TYPE OF FACILITY). Please tell me if (you/SUBJECT) entered the (TYPE OF FACILITY) for any of the following reasons. (ENTER YES OR NO FOR EACH.)	YES NO		YES NO		YES NO	
	Required skilled nursing care?	1	2	1	2	1
Recuperation from surgery?	1	2	1	2	1	2
Needed help with bathing, eating, or dressing?	1	2	1	2	1	2
Required special medical or physical therapy?....	1	2	1	2	1	2
Too confused to live independently?	1	2	1	2	1	2

	ADMISSION 1	ADMISSION 2	ADMISSION 3																																							
B120. Please tell me the name of the disease or medical condition that (you/he/she) had at the time of admission that affected (your/his/her) ability to live independently. (ENTER ALL THAT APPLY)	ALZHEIMER'S DISEASE... 1 CANCER 2 DEPRESSION 3 FRAIL/OLD AGE 4 HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS ... 5 INCONTINENCE..... 6 NO MEDICAL CONDITION..... 7 SENILITY..... 8 STROKE..... 9 OTHER DISEASE OR CONDITION (SPECIFY) 91 _____ _____	ALZHEIMER'S DISEASE... 1 CANCER 2 DEPRESSION 3 FRAIL/OLD AGE 4 HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS ... 5 INCONTINENCE..... 6 NO MEDICAL CONDITION..... 7 SENILITY..... 8 STROKE..... 9 OTHER DISEASE OR CONDITION (SPECIFY) 91 _____ _____	ALZHEIMER'S DISEASE... 1 CANCER 2 DEPRESSION 3 FRAIL/OLD AGE 4 HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS ... 5 INCONTINENCE..... 6 NO MEDICAL CONDITION..... 7 SENILITY..... 8 STROKE..... 9 OTHER DISEASE OR CONDITION (SPECIFY) 91 _____ _____																																							
B121. [FOR FIRST ADMISSION, IF CURRENTLY IN A NURSING HOME (A1 = 2) CODE 94 WITHOUT ASKING] How long did (you/he/she) stay? (GO TO CHART AFTER CODING LENGTH OF STAY.)	<table border="0"> <tr> <td>_____</td> <td># OF WEEKS.....</td> <td>1</td> </tr> <tr> <td>_____</td> <td>MONTHS</td> <td>2</td> </tr> <tr> <td>_____</td> <td>YEARS.....</td> <td>3</td> </tr> <tr> <td>STILL THERE.....</td> <td></td> <td>94</td> </tr> <tr> <td>LESS THAN ONE WEEK..</td> <td></td> <td>95</td> </tr> </table> <p>(CHART)</p>	_____	# OF WEEKS.....	1	_____	MONTHS	2	_____	YEARS.....	3	STILL THERE.....		94	LESS THAN ONE WEEK..		95	<table border="0"> <tr> <td>_____</td> <td># OF WEEKS.....</td> <td>1</td> </tr> <tr> <td>_____</td> <td>MONTHS</td> <td>2</td> </tr> <tr> <td>_____</td> <td>YEARS.....</td> <td>3</td> </tr> <tr> <td>LESS THAN ONE WEEK..</td> <td></td> <td>95</td> </tr> </table> <p>(CHART)</p>	_____	# OF WEEKS.....	1	_____	MONTHS	2	_____	YEARS.....	3	LESS THAN ONE WEEK..		95	<table border="0"> <tr> <td>_____</td> <td># OF WEEKS.....</td> <td>1</td> </tr> <tr> <td>_____</td> <td>MONTHS</td> <td>2</td> </tr> <tr> <td>_____</td> <td>YEARS.....</td> <td>3</td> </tr> <tr> <td>LESS THAN ONE WEEK..</td> <td></td> <td>95</td> </tr> </table> <p>(CHART)</p>	_____	# OF WEEKS.....	1	_____	MONTHS	2	_____	YEARS.....	3	LESS THAN ONE WEEK..		95
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_____	MONTHS	2																																								
_____	YEARS.....	3																																								
LESS THAN ONE WEEK..		95																																								
B122. Since (1987/1985/1980/1970) did (you/he/she) stay in another facility such as a rest home, a nursing home, a mental health facility, a rehabilitation center or any place like that?	<table border="0"> <tr> <td>YES</td> <td>1 (B116)</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td>DK.....</td> <td>-8</td> </tr> </table>	YES	1 (B116)	NO.....	2	DK.....	-8	<table border="0"> <tr> <td>YES</td> <td>1 (B116)</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td>DK.....</td> <td>-8</td> </tr> </table>	YES	1 (B116)	NO.....	2	DK.....	-8	<table border="0"> <tr> <td>YES.....</td> <td>1 (B116)</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td>DK.....</td> <td>-8</td> </tr> </table>	YES.....	1 (B116)	NO.....	2	DK.....	-8																					
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BOX B-38 (FOR "ADMISSION 1" COLUMN ONLY)

PREVIOUS RESIDENCE:
 IN NURSING HOME IN MOST RECENT INTERVIEW (LNURSING = 1) AND NOT NOW IN SAME NURSING HOME (A3 = 2) AND PROBE NOT ALREADY ASKED (B115 ≠ 1) CONTINUE
 ALL OTHERS GO TO BOX B-39

B123. (Were you/Was he/she) staying in a rest home, a nursing home, a mental health facility, or anything like that in (YEAR OF LAST INTERVIEW) (other than the one you just told me about)?	<table border="0"> <tr> <td>YES</td> <td>1 (B116)</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td>DK.....</td> <td>-8</td> </tr> </table>	YES	1 (B116)	NO.....	2	DK.....	-8
YES	1 (B116)						
NO.....	2						
DK.....	-8						

BOX B-39	
CURRENT RESIDENCE:	
§ NOT LIVING IN NURSING HOME CONTINUOUSLY SINCE LAST INTERVIEW (A1 = 2 AND A2 ≠ 1)	GO TO B125
ALL OTHERS	CONTINUE

B124. What has been happening to (your/his/her) health during the past 12 months? Has it improved, remained the same, gradually worsened, or suddenly worsened?

- | | | |
|---------------------------|---|------------|
| IMPROVED | 1 | } (PART C) |
| REMAINED THE SAME..... | 2 | |
| GRADUALLY WORSENEED | 3 | |
| SUDDENLY WORSENEED | 4 | |

B125. During the month before (your/SUBJECT'S) admission to the nursing home, was there a significant change in (your/his/her) health?

- | | |
|-----------|---|
| YES | 1 |
| NO..... | 2 |

B126. During the 12 months prior to that, what was happening to (your/his/her) health? Had it improved, remained the same, gradually worsened, or suddenly worsened?

- | | |
|---------------------------|---|
| IMPROVED | 1 |
| REMAINED THE SAME..... | 2 |
| GRADUALLY WORSENEED | 3 |
| SUDDENLY WORSENEED | 4 |

TIME ENDED: _____ AM / PM

PART C: ACTIVITIES OF DAILY LIVING

TIME BEGAN: _____ AM / PM

BOX C-1

NURSING HOME CHECK:
 CURRENTLY IN NURSING HOME (A1 = 2) CONTINUE
 ALL OTHERS..... GO TO C1

BOX C-2

RESPONDENT TYPE:
 RESPONDENT IS PROXY CONTINUE
 ALL OTHERS..... GO TO C1

BOX C-3

ASK THE RESPONDENT: Do you think you can answer questions about physical problems (SUBJECT) may or may not have and also questions about (his/her) daily activities?

CAN ANSWER THIS SECTION..... 1 (GO TO C1)
 CANNOT ANSWER THIS SECTION, ASK OF NURSING HOME STAFF 2 (RECORD INFORMATION BELOW, THEN GO TO PART D)

NURSING HOME INFORMATION:
 NAME: _____
 ADDRESS: _____

 TELEPHONE NUMBER: () _____

These next questions ask about physical problems (you/SUBJECT) may or may not have. First . . .

C1. (Do you/Does SUBJECT) usually have to stay in bed for most of the day?

- YES 1
- NO..... 2 (C3)
- DK -8 (C3)

C2. How long (have you/has he/she) had to stay in bed for most of the day?

- |__|__| NUMBER OF MONTHS..... 1
- NUMBER OF YEARS..... 2
- LESS THAN ONE MONTH..... 95

C3. (Do you/Does he/she) have any problems that prevent the use of one or more of (your/his/her) arms or legs?

- YES 1
- NO 2 (BOX C-7)
- DK -8 (BOX C-7)

C4. Is this due to ...

- | | YES | NO |
|---------------------------------------|-----|----|
| a. Paralysis? | 1 | 2 |
| b. Amputation? | 1 | 2 |
| c. Severe arthritis? | 1 | 2 |
| d. Some other reason? (SPECIFY) | 1 | 2 |

BOX C-4	
PARALYSIS CHECK:	
PROBLEM WITH LIMBS DUE TO PARALYSIS (C4a = 1)	CONTINUE
ALL OTHERS	GO TO BOX C-5

C5. Which limbs are paralyzed?

- | | YES | NO |
|-------------------------|-----|----|
| a. RIGHT HAND/ARM | 1 | 2 |
| b. LEFT HAND/ARM | 1 | 2 |
| c. RIGHT FOOT/LEG | 1 | 2 |
| d. LEFT FOOT/LEG | 1 | 2 |

BOX C-5	
AMPUTATION CHECK:	
PROBLEM WITH LIMBS DUE TO AMPUTATION (C4b = 1)	CONTINUE
ALL OTHERS	GO TO BOX C-6

C6. Which limbs have been amputated?

- | | YES | NO |
|-------------------------|-----|----|
| a. RIGHT HAND/ARM | 1 | 2 |
| b. LEFT HAND/ARM | 1 | 2 |
| c. RIGHT FOOT/LEG | 1 | 2 |
| d. LEFT FOOT/LEG | 1 | 2 |

BOX C-6	
ARTHRITIS/OTHER REASON CHECK:	
PROBLEM WITH LIMBS DUE TO SEVERE ARTHRITIS OR SOME OTHER REASON (C4c = 1 OR C4d = 1)	CONTINUE
ALL OTHERS	GO TO BOX C-7

C7. Which limbs have problems due to (severe arthritis/some other reason/severe arthritis or some other reason)?

	YES	NO
a. RIGHT HAND/ARM.....	1	2
b. LEFT HAND/ARM.....	1	2
c. RIGHT FOOT/LEG	1	2
d. LEFT FOOT/LEG.....	1	2

BOX C-7	
AGE/MOBILITY CHECK:	
S IS UNDER 55 (NAGE < 055) AND NO PROBLEMS WITH LIMBS (C3 = 2)	CONTINUE
ALL OTHERS	GO TO C10

C8. (Do you/Does SUBJECT) usually use any special equipment to get around, bathe, walk, dress or eat such as canes, artificial limbs or grab bars?

YES	1	
NO.....	2	(BOX C-8)
DK	-8	(BOX C-8)

C9. (Do you/Does he/she) usually use:

	YES	NO
a. Special devices in the bathroom such as hand rails or grab bars?	1	2
b. Cane?	1	2
c. [IF ANY LIMBS AMPUTATED, ASK:] Artificial limb?.....	1	2
d. Walker or crutches?	1	2
e. Wheelchair?.....	1	2
f. Devices used for dressing such as button hooks, zipper pulls, etc.?	1	2
g. Special or built-up chair or toilet?	1	2
h. Special eating devices?	1	2

GO TO BOX C-8

C10. (Do you/Does he/she) usually use any of the following special equipment to help (you/him/her) get around, bathe, walk, dress or eat?

	YES	NO
a. Special devices in the bathroom such as hand rails or grab bars?	1	2
b. Cane?	1	2
c. [IF ANY LIMBS AMPUTATED, ASK:] Artificial limb?.....	1	2
d. Walker or crutches?	1	2
e. Wheelchair?.....	1	2
f. Devices used for dressing such as button hooks, zipper pulls, etc.?.....	1	2
g. Special or built-up chair or toilet?	1	2
h. Special eating devices?.....	1	2

BOX C-8

LIMBS CHECK:
§ CANNOT USE ANY LIMBS (AT LEAST ONE "a", ONE "b", ONE "c"
AND ONE "d" IS CODED 1 IN C5, C6, OR C7)..... GO TO PART D
 ALL OTHERS..... CONTINUE

BOX C-9

BEDRIDDEN CHECK:
§ IS BEDRIDDEN (C1 = 1) GO TO C11a AND ASK *
 QUESTIONS ONLY
 ALL OTHERS..... CONTINUE

BOX C-10

LOWER LIMBS CHECK:
§ CANNOT USE BOTH LOWER LIMBS (AT LEAST ONE "c"
AND ONE "d" IS CODED 1 IN C5, C6, OR C7)..... GO TO C11a AND ASK *
 AND † QUESTIONS
 ONLY
 ALL OTHERS..... CONTINUE

BOX C-11

AGE AND ARTHRITIS CHECK:
§ IS UNDER 55 (AGE < 055) AND DOES NOT CURRENTLY
 HAVE ARTHRITIS (B3 ≠ 1) AND NO ARTHRITIS IN
 PREVIOUS INTERVIEW (LARTH ≠ 1)..... GO TO C11a AND ASK
 † QUESTIONS ONLY
 ALL OTHERS..... GO TO C11a AND ASK
 ALL QUESTIONS

INTERVIEWER INSTRUCTIONS: ASK C11 THROUGH C33. IF ANY RESPONSE TO b = 3 OR 4 OR ANY RESPONSE TO a = 3, ASK C11c and C11d THROUGH C33c and C33d WHERE INDICATED. IF c OR d = YES (USES HELP EITHER FROM ANOTHER PERSON OR AN AID) ASK C11e THROUGH C33e WHERE INDICATED.

<p style="text-align: center;">a.</p> <p>I am going to read a list of activities. Please tell me if (you have/SUBJECT has) <u>any</u> difficulty doing these things when (you are/he/she is) by (yourself/himself/herself) and not using special equipment. [PROBE, IF NECESSARY: (Do you/Does he/she) have any difficulty when (you/he/she) (ACTIVITY)?]</p> <p style="text-align: center;">[ENTER ONE CODE FOR EACH ACTIVITY] 1 = YES, DIFFICULTY (ASK b) 2 = NO DIFFICULTY 3 = NEVER DOES WITHOUT HELP 4 = NEVER DOES ACTIVITY 5 = INAPPROPRIATE ACTIVITY</p>						<p style="text-align: center;">b.</p> <p>[IF YES (CODE 1) IN a, ASK: (Do you/Does SUBJECT) have some difficulty, much difficulty, or (are you/is he/she) unable to do this?]</p> <p style="text-align: center;">SOME MUCH UNABLE DIFFICULTY DIFFICULTY TO DO</p>		
† C11. Dress(es) (yourself/himself/herself), including tying shoes, working zippers and doing buttons?	1	2	3	4	5	2	3	4
C12. Stand(s) up from an armless straight chair (such as a dining room chair)?	1	2	3	4	5	2	3	4
† C13. Get(s) into and out of bed?	1	2	3	4	5	2	3	4
† C14. Prepare(s) meals?	1	2	3	4	5	2	3	4
* C15. Cut(s) (your/his/her) meat?	1	2	3	4	5	2	3	4
* C16. Lift(s) a full cup or glass to (your/his/her) mouth?	1	2	3	4	5	2	3	4
* C17. Open(s) a new milk carton?	1	2	3	4	5	2	3	4
◇ C18. Walk(s) a quarter mile (that is, two or three blocks)?	1	2	3	4	5 (IF CODE 2, GO TO C20)	2	3	4
C19. Walk(s) from one room to another (on the same floor)?	1	2	3	4	5	2	3	4
◇ C20. Walk(s) up and down at least two steps?	1	2	3	4	5	2	3	4
† C21. Get(s) in and out of the bathtub?	1	2	3	4	5	2	3	4
†, ◇ C22. Wash(es) and dry(ies) (your/his/her) whole body?	1	2	3	4	5	2	3	4
† C23. Get(s) on and off the toilet?	1	2	3	4	5	2	3	4
* C24. Comb(s) (your/his/her) hair?	1	2	3	4	5	2	3	4
†, ◇ C25. Reach(es) and get(s) down a 5 lb. object (bag of sugar) from just above (your/his/her) head?	1	2	3	4	5	2	3	4
◇ C26. Bend(s) down and pick(s) up clothing from the floor?	1	2	3	4	5	2	3	4
† C27. Open(s) jars which have been previously opened?	1	2	3	4	5	2	3	4
* C28. Use(s) a pen or pencil to write with?	1	2	3	4	5	2	3	4
† C29. Get(s) in and out of a car?	1	2	3	4	5	2	3	4
◇ C30. Run(s) errands and shop(s)?	1	2	3	4	5	2	3	4
◇ C31. (Do/Does) light chores (such as dusting or taking out the garbage)?	1	2	3	4	5	2	3	4
◇ C32. Lift(s) and carry(ies) a full bag of groceries?	1	2	3	4	5	2	3	4
◇ C33. (Do/Does) heavy chores around the house or yard (such as washing windows, walls or floors)?	1	2	3	4	5	2	3	4

BOX C-12

DIFFICULTY CHECK:
ANY ACTIVITY CODED "NEVER DOES WITHOUT HELP" (ANY C11a-C33a = 3) OR ANY ACTIVITY CODED "MUCH DIFFICULTY" OR "UNABLE TO DO" (ANY C11b-C33b = 3, 4) **GO TO C11c**
ALL OTHERS **GO TO PART D**

c. [IF CODE 3 IN a, ASK]: You said that (you/he/she) never (ACTIVITY) without help. [IF R IS SUBJECT AND CODE 3 OR 4 IN b, ASK]: You said that you (have difficulty/are unable to) (ACTIVITY) by yourself. [IF R IS PROXY AND CODE 3 OR 4 IN b, ASK]: You said that (he/she) (has difficulty/is unable to) (ACTIVITY) by (himself/herself). (Do you/Does he/she) have help from another person?	YES		NO		d. (Do you/Does he/she) use special equipment, such as a (DISPLAY APPROPRIATE WORD CHOICE)	YES		NO		e. [ASK ONLY IF HAVE HELP]: With help how much difficulty (do you/does SUBJECT) have (doing this activity)? (Do you/Does he/she) have no difficulty, some difficulty, much difficulty, or (are you/is he/she) unable to do it?	NO	SOME	MUCH	UNABLE
	1	2	1	2		1	2	DIFFICULTY	DIFFICULTY		DIFFICULTY	TO DO		
C11.	1	2	(Button hooks or zipper extender)	1	2	1	2	3	4					
C12.	1	2	(Walker or cane)	1	2	1	2	3	4					
C13.	1	2	(Walker or cane)	1	2	1	2	3	4					
C14.	1	2												
C15.	1	2												
C16.	1	2												
C17.	1	2												
C18.	1	2	(Walker or cane)	1	2	1	2	3	4					
C19.	1	2	(Walker or cane)	1	2	1	2	3	4					
C20.	1	2	(Walker or cane)	1	2	1	2	3	4					
C21.	1	2	(Hand rail)	1	2	1	2	3	4					
C22.	1	2												
C23.	1	2	(Hand rail)	1	2	1	2	3	4					
C24.	1	2												
C25.	1	2	(Grabber)	1	2	1	2	3	4					
C26.	1	2	(Grabber)	1	2	1	2	3	4					
C27.	1	2	(Jar gripper)	1	2	1	2	3	4					
C28.	1	2												
C29.	1	2	(Walker or cane)	1	2	1	2	3	4					
C30.	1	2												
C31.	1	2												
C32.	1	2												
C33.	1	2												

PART D: SMOKING AND ALCOHOLIC BEVERAGES

TIME BEGAN: _____ AM / PM

BOX D-1	
SMOKING STATUS:	
SMOKING REPORTED IN PREVIOUS INTERVIEW (LSMOKER = 1) AND RESPONDENT IS THE SUBJECT	GO TO D8
ALL OTHERS	CONTINUE

D1. These next few questions are about (your/SUBJECT'S) smoking and drinking habits. Did (you/SUBJECT) ever smoke at least 100 cigarettes in (your/his/her) lifetime?

- YES 1
- NO..... 2 (D11)
- DK.....-8 (D11)

NOTE: IF SMOKING REPORTED IN PREVIOUS INTERVIEW (LSMOKER = 1) AND THE RESPONSE TO D1 IS NO (D1 = 2) THE CATI PROGRAM WILL RECODE D1 TO "96" AND THEN GO TO D11.

D2. (Do you/Does he/she) smoke cigarettes now?

- YES 1
- NO..... 2 (D5)
- REFUSED.....-7 (D11)
- DK.....-8 (D11)

D3. About how many cigarettes a day (do you/does he/she) now smoke? [IF ANSWER IS NUMBER OF PACKS, MULTIPLY BY 20 AND VERIFY.]

NUMBER OF CIGARETTES: |__|__|__|
 LESS THAN ONE A DAY 995

D4. For how many years (have you/has he/she) smoked cigarettes?

NUMBER OF YEARS: |__|__| (D11)

D5. When did (you/he/she) stop smoking cigarettes?

MONTH: |__|__|
AND
 YEAR: 19 |__|__|

D6. During the years when (you were/he/she was) smoking, about how many cigarettes a day did (you/he/she) smoke? [IF ANSWER IS NUMBER OF PACKS, MULTIPLY BY 20 AND VERIFY.]

NUMBER OF CIGARETTES: |__|__|__|
 LESS THAN ONE A DAY 995

D7. For how many years did (you/he/she) smoke cigarettes?

NUMBER OF YEARS: |__|__| (D11)

D8. These next few questions are about your smoking and drinking habits. Do you smoke cigarettes now?

YES 1
NO..... 2 (D10)
REFUSED..... -7 (D11)
DK..... -8 (D11)

D9. About how many cigarettes a day do you now smoke? [IF ANSWER IS NUMBER OF PACKS, MULTIPLY BY 20 AND VERIFY.]

NUMBER OF CIGARETTES: |__|__|__| (D11)
LESS THAN ONE A DAY 995 (D11)

D10. When did you last stop smoking cigarettes?

MONTH: |__|__|
AND
YEAR: 19 |__|__|
DISCREPANCY (NEVER SMOKED)..... 96

D11. Now I would like to talk to you about drinking beer, or wine, or liquor. (Have you/Has SUBJECT) had at least one drink of beer, or wine, or liquor during the past year?

YES 1
NO..... 2 (PART E)
DK..... -8 (PART E)

D12. During the past year, how often did (you/he/she) drink beer?

NUMBER OF DAYS: |__|__| PER: WEEK..... 1
MONTH..... 2
4-11 DAYS PER YEAR..... 94
1-3 DAYS PER YEAR..... 95
NONE..... 00 (D14)
REFUSED..... -7 (D14)
DK..... -8

D13. On the days (you/he/she) drank beer, how many cans, bottles or glasses did (you/he/she) drink?

NUMBER OF DRINKS: |__|__|
 LESS THAN ONE DRINK..... 95

D14. During the past year, how often did (you/SUBJECT) drink wine?

NUMBER OF DAYS: |__|__| PER: WEEK..... 1
 MONTH..... 2
 4-11 DAYS PER YEAR..... 94
 1-3 DAYS PER YEAR..... 95
 NONE..... 00 (D16)
 REFUSED..... -7 (D16)
 DK..... -8

D15. On the days (you/he/she) drank wine, how many glasses did (you/he/she) drink?

NUMBER OF DRINKS: |__|__|
 LESS THAN ONE DRINK..... 95

D16. During the past year, how often did (you/SUBJECT) drink liquor?

NUMBER OF DAYS: |__|__| PER: WEEK..... 1
 MONTH..... 2
 4-11 DAYS PER YEAR..... 94
 1-3 DAYS PER YEAR..... 95
 NONE..... 00 (PART E)
 REFUSED..... -7 (PART E)
 DK..... -8

D17. On the days (you/he/she) drank liquor, how many drinks did (you/he/she) have?

NUMBER OF DRINKS: |__|__|
 LESS THAN ONE DRINK..... 95

TIME ENDED: _____ AM / PM

PART E: HEALTH HABITS AND WEIGHT

TIME BEGAN: _____ AM / PM

BOX E-1	
CURRENT MOBILITY STATUS:	
§ CURRENTLY BEDRIDDEN (C1 = 1)	
OR	
§ UNABLE TO WALK FROM ONE ROOM TO ANOTHER (C19b = 4)	
OR	
§ UNABLE TO USE LOWER LIMBS ((C5c OR C6c OR C7c = 1) AND (C5d OR C6d OR C7d = 1))	
ALL OTHERS.....	GO TO E7 CONTINUE

The next few questions are about physical activity.

E1. (Do you/Does SUBJECT) exercise or play sports on a regular basis?

YES 1
 NO 2 (BOX E-2)
 DK -8 (BOX E-2)

E2. For how many months or years (have you/has he/she) exercised or played sports regularly?

|_|_| MONTHS 1
 YEARS 2
 LESS THAN 1 MONTH 95

BOX E-2	
AGE CHECK:	
§ CURRENTLY 55 OR OVER (NAGE > = 055)	GO TO E5
ALL OTHERS.....	CONTINUE

E3. How often (do you/does SUBJECT) participate in active physical exercise or sports (such as aerobics, running, swimming, bicycling, etc.)?

|_|_| TIMES/WEEK 1
 TIMES/MONTH 2
 NEVER 00 (E5)
 LESS THAN 1 TIME/MONTH 95 (E5)
 DK -8 (E5)

E4. When (you/he/she) exercise(s) or participate(s) in an active physical sport, about how many minutes (do you/does he/she) spend each time [on average]?

- LESS THAN 15 MINUTES..... 1
- 15 BUT LESS THAN 30 2
- 30 BUT LESS THAN 45 3
- 45 BUT LESS THAN 60 4
- 60 OR MORE 5

E5. How often (do you/does SUBJECT) participate in light physical activity [such as walking, dancing, gardening, golfing, bowling, etc.]?

- |_|_| TIMES/WEEK..... 1
- TIMES/MONTH..... 2
- NEVER 00 (E7)
- LESS THAN 1 TIME/MONTH..... 95 (E7)
- DK -8 (E7)

E6. When (you/he/she) exercise(s) or participate(s) in light physical activity, about how many minutes (do you/does he/she) spend each time [on average]?

- LESS THAN 15 MINUTES..... 1
- 15 BUT LESS THAN 30 2
- 30 BUT LESS THAN 45 3
- 45 BUT LESS THAN 60 4
- 60 OR MORE 5

E7. These next questions are about (your/SUBJECT's) (weight/weight and height). How does (your/SUBJECT's) weight now compare to (your/his/her) weight 12 months ago? Is it at least 10 pounds more, at least 10 pounds less, or about the same?

- AT LEAST 10 POUNDS MORE..... 1
- AT LEAST 10 POUNDS LESS..... 2
- ABOUT THE SAME..... 3

E8. About how much (do you/does he/she) weigh now?

NUMBER OF POUNDS: |_|_|_|_|

BOX E-3	
RESPONDENT TYPE:	
RESPONDENT IS SUBJECT.....	CONTINUE
ALL OTHERS.....	GO TO BOX E-6

BOX E-4	
COMPARABLE WEIGHT AT AGE 12-13:	
COMPARABLE WEIGHT AT AGE 12-13 IS KNOWN (LWTAGE12 = 1).....	GO TO BOX E-5
ALL OTHERS.....	CONTINUE

E9. When you were about 12 to 13 years old, compared to other (boys/girls) of the same age, were you considered to be ...

- Skinny, 1
- Somewhat slender, 2
- Average, 3
- Chubby, or 4
- Very heavy? 5

BOX E-5	
COMPARABLE HEIGHT AT AGE 12-13:	
COMPARABLE HEIGHT AT AGE 12-13 IS KNOWN (LHTAGE12 = 1).....	GO TO BOX E-6
ALL OTHERS.....	CONTINUE

E10. When you were about 12 to 13 years old, compared to other (boys/girls) of the same age, were you considered to be ...

- Very tall, 1
- Somewhat taller than average, 2
- About average, 3
- Somewhat shorter than average, or 4
- Very short? 5

BOX E-6	
WEIGHT AT AGE 25:	
WEIGHT AT AGE 25 IS KNOWN (LWTAGE25 = 1).....	GO TO BOX E-7
ALL OTHERS.....	CONTINUE

E11. What was (your/SUBJECT's) usual weight at the age of 25?

NUMBER OF POUNDS: |__|__|__|

BOX E-7	
WEIGHT AT AGE 40:	
WEIGHT AT AGE 40 IS KNOWN (LWTAGE40 = 1)	GO TO BOX E-8
ALL OTHERS	CONTINUE

E12. What was (your/his/her) usual weight at the age of 40?

NUMBER OF POUNDS: |__|__|__|

BOX E-8	
WEIGHT AT AGE 65:	
WEIGHT AT AGE 65 IS KNOWN (LWTAGE65 = 1)	GO TO E14
ALL OTHERS	CONTINUE

BOX E-9	
AGE CHECK:	
§ CURRENTLY 65 OR UNDER (NAGE < = 65)	GO TO E14
ALL OTHERS	CONTINUE

E13. What was (your/his/her) usual weight at the age of 65?

NUMBER OF POUNDS: |__|__|__|

E14. (Have you/Has SUBJECT) ever regularly taken calcium pills or calcium rich antacids such as Tums for the purpose of calcium supplementation?

YES 1
 NO..... 2 (PART F)
 DK..... -8 (PART F)

NOTE: IF CALCIUM REPORTED IN PREVIOUS INTERVIEW (LCALCIUM = 1) AND THE RESPONSE TO E14 IS NO (E14 = 2) THE CATI PROGRAM WILL RECODE E14 TO "96" AND THEN GO TO PART F.

E15. For how many years (have you/has he/she) taken calcium regularly?

NUMBER OF YEARS: |__|__|
LESS THAN ONE YEAR 95

E16. For how many of the last five years (have you/has he/she) taken calcium regularly?

NUMBER OF YEARS: |__|__|
NONE..... 00 (PART F)
LESS THAN ONE YEAR 95
DK -8

E17. (Are you/is he/she) currently taking calcium regularly?

YES 1
NO 2

TIME ENDED: _____ AM / PM

PART F: VISION AND HEARING

TIME BEGAN: _____ AM / PM

These next few questions concern (your/SUBJECT's) vision and hearing.

F1. (Do you/Does SUBJECT) wear eyeglasses or contact lenses? [PROBE YES RESPONSE]

- EYEGASSES..... 1
- CONTACT LENSES..... 2
- BOTH..... 3
- NEITHER..... 4
- § IS BLIND..... 5 (BOX F-1)
- DK..... -8

F2. (When wearing eyeglasses/contact lenses/eyeglasses or contact lenses,) Can (you/he/she) see well enough to recognize a friend across the street?

- YES..... 1
- NO..... 2

F3. (When wearing eyeglasses/contact lenses/eyeglasses or contact lenses,) Can (you/he/she) see well enough to recognize the letters in ordinary newspaper print?

- YES..... 1
- NO..... 2

BOX F-1	
HEARING AID USE:	
USE OF HEARING AID REPORTED IN PREVIOUS INTERVIEW (LHEARAID = 1)	GO TO F6
ALL OTHERS.....	CONTINUE

F4. (Have you/Has SUBJECT) ever worn a hearing aid?

- YES..... 1 (F6)
- NO..... 2
- DK..... -8

F5. Can (you/he/she) usually hear and understand what a person says if that person talks to (you/him/her) in a normal voice from across a quiet room?

- YES..... 1 (PART G)
- NO..... 2 (PART G)

F6. Without a hearing aid, can (you/SUBJECT) usually hear and understand what a person says if that person talks to (you/him/her) in a normal voice from across a quiet room?

YES 1
NO..... 2

TIME ENDED: _____ AM / PM

PART G: FEMALE MEDICAL HISTORY

TIME BEGAN: _____ AM / PM

BOX G-1	
SEX OF SUBJECT:	
MALE (<i>LSSEX = 1</i>)	GO TO PART H
ALL OTHERS.....	CONTINUE

The next few questions are about (your/SUBJECT's) reproductive and menstrual history.

BOX G-2	
AGE OF SUBJECT AT LAST INTERVIEW:	
NEVER INTERVIEWED (<i>LINTSTAT = BLANK</i>).....	GO TO G1
PREVIOUSLY INTERVIEWED (<i>LINTSTAT ≠ BLANK</i>) AND UNDER AGE 45 AT LAST INTERVIEW (<i>LNAGE < 045</i>).....	CONTINUE
ALL OTHERS.....	GO TO BOX G-5

BOX G-3	
PREGNANCY AND UTERUS STATUS AT LAST INTERVIEW:	
NEVER PREGNANT (<i>LPREG = 2</i>) AND UTERUS INTACT (<i>LUTERUS = 2</i>).....	CONTINUE
PREVIOUSLY PREGNANT (<i>LPREG = 1</i>) AND UTERUS INTACT (<i>LUTERUS = 2</i>).....	GO TO G4
ALL OTHERS.....	GO TO BOX G-5

G1. (Have you/Has SUBJECT) ever been pregnant? Include live births, stillbirths, miscarriages or abortions.

YES..... 1
 NO..... 2 (BOX G-5)
 DK..... -8 (BOX G-5)

BOX G-4	
AGE OF SUBJECT CURRENTLY:	
45 OR OVER (<i>NAGE = > 045</i>).....	GO TO G3
ALL OTHERS.....	CONTINUE

G2. (Are you/Is she) pregnant now?

YES..... 1
 NO..... 2

G3. How old (were you/was she) when (your/her) first child was born? This means the first child born alive or stillborn.

AGE IN YEARS: |__|__| (G6)
 HAD NO BIRTHS 00 (G8)
 DK -8 (G6)

G4. Since (MONTH/YEAR) (have you/has SUBJECT) been pregnant?

YES 1
 NO 2 (BOX G-5)
 DK -8 (BOX G-5)

G5. (Are you/is she) pregnant now?

YES 1
 NO 2

G6. How old (were you/was she) when (your/her) last child was born? Include stillbirths.

AGE IN YEARS: |__|__|
 ONLY ONE BIRTH 95
 HAD NO BIRTHS 00 (G8)
 DK -8

G7. How many live births (have you/has SUBJECT) ever had?

NUMBER OF LIVE BIRTHS: |__|__|

G8. (Have you/Has she) ever had a miscarriage?

YES 1
 NO 2 (BOX G-5)
 DK -8 (BOX G-5)

G9. How many miscarriages (have you/has she) had?

NUMBER OF MISCARRIAGES: |__|__|

BOX G-5	
UTERUS STATUS AT LAST INTERVIEW:	
UTERUS REMOVED (LUTERUS = 1) AND AGE WHEN REMOVED IS NOT KNOWN (LUTERAGE = 2) AND RESPONDENT IS THE SUBJECT.....	GO TO G11
UTERUS REMOVED (LUTERUS = 1) AND AGE WHEN REMOVED IS KNOWN (LUTERAGE = 1).....	GO TO BOX G-7
ALL OTHERS.....	CONTINUE

BOX G-6	
PREGNANCY STATUS CURRENTLY:	
SUBJECT NOW PREGNANT (G2 = 1 OR G5 = 1).....	GO TO BOX G-7
ALL OTHERS.....	CONTINUE

G10. (Do you/Does SUBJECT) still have (your/her) uterus or womb?

YES 1 (BOX G-7)
 NO..... 2
 DK..... -8 (BOX G-7)

NOTE: IF WOMB REPORTED REMOVED IN PREVIOUS INTERVIEW (LUTERUS = 1) AND THE RESPONSE TO G10 IS YES (G10 = 1) THE CATI PROGRAM WILL RECODE G10 TO "96" AND THEN GO TO BOX G-7.

G11. How old (were you/was she) when (your/her) uterus or womb was removed?

AGE: |__|__|
 DISCREPANCY..... 96

BOX G-7	
OVARIES STATUS AT LAST INTERVIEW:	
BOTH OVARIES REMOVED (LOVARIES = 1) AND RESPONDENT IS THE SUBJECT.....	GO TO BOX G-10
ONE OVARY REMOVED (LONEOVAR = 1) AND RESPONDENT IS THE SUBJECT.....	GO TO BOX G-8
ALL OTHERS.....	CONTINUE

G12. (Do you/Does SUBJECT) still have both (your/her) ovaries?

YES 1 (BOX G-11)
 NO..... 2
 DK..... -8 (BOX G-11)

NOTE: IF IN PREVIOUS INTERVIEW BOTH OVARIES WERE REMOVED (LOVARIES = 1) OR ONE OVARY WAS REMOVED (LONEOVAR = 1) AND THE RESPONSE TO G12 IS YES (G12 = 1) THE CATI PROGRAM WILL RECODE G12 TO "96" AND THEN GO TO BOX G-11.

BOX G-8	
PREGNANCY STATUS:	
SUBJECT NOW PREGNANT (G2 = 1 OR G5 = 1).....	GO TO BOX G-10
ALL OTHERS.....	CONTINUE

G13. (Do you/Does she) still have one ovary?

YES 1
 NO..... 2

NOTE: IF IN PREVIOUS INTERVIEW BOTH OVARIES WERE REMOVED (LOVARIES = 1) AND THE RESPONSE TO G13 IS YES (G13 = 1) THE CATI PROGRAM WILL RECODE G13 TO "96."

BOX G-9	
CHANGE IN OVARY STATUS:	
ONE OVARY REMOVED IN PREVIOUS INTERVIEW (LONEOVAR = 1) AND BOTH OVARIES REMOVED CURRENTLY (G13 = 2)	
	GO TO G14
ALL OTHERS.....	CONTINUE

BOX G-10	
AGE WHEN OVARIES REMOVED STATUS:	
AGE WHEN LAST OVARY REMOVED IS KNOWN (LOVARAGE = 1) AND RESPONDENT IS THE SUBJECT	
	GO TO BOX G-11
ALL OTHERS.....	CONTINUE

G14. How old (were you/was she) when (your/her) (ovary/last ovary) was removed?

AGE: |__|__|
 DISCREPANCY..... 96

BOX G-11	
MENSTRUAL STATUS:	
§ NOW PREGNANT (G2 = 1 OR G5 = 1).....	GO TO BOX G-16
§ NOW HAS NO UTERUS (G10 = 2) OR NOW HAS NO OVARIES (G13 = 2) OR § POST-MENOPAUSAL IN PREVIOUS INTERVIEW (LMENSTAT = 1)	
	GO TO BOX G-13
ALL OTHERS.....	CONTINUE

G15. (Are you/Is SUBJECT) still having periods?

YES 1 (G17)
 NO..... 2
 DK-8 (BOX G-13)

NOTE: IF IN PREVIOUS INTERVIEW BOTH OVARIES WERE REMOVED (LOVARIES = 1) OR UTERUS WAS REMOVED (LUTERUS = 1) AND THE RESPONSE TO G15 IS YES (G15 = 1) THE CATI PROGRAM WILL RECODE G15 TO "96" AND THEN GO TO G17.

G16. At what age did (you/she) have (your/her) last period?

AGE: |__| |__| (BOX G-13)
 NEVER HAD PERIODS..... 95 (BOX G-13)

G17. Are (your/her) periods regular or irregular? By regular we mean (your/her) periods come about once a month. (You/She) can usually predict when they will come and they usually last about the same number of days.

REGULAR 1
 IRREGULAR..... 2 (G18)
 DK-8 (BOX G-13)

BOX G-12	
AGE CHECK:	
SUBJECT IS 55 OR OVER (NAGE > = 055).....	GO TO BOX G-13
ALL OTHERS.....	GO TO BOX G-16

G18. Are they irregular because (you are/she is) going through the change of life or for some other reason?

CHANGE OF LIFE..... 1
 OTHER REASON..... 2

BOX G-13	
HORMONE STATUS:	
HORMONE USE REPORTED IN PREVIOUS INTERVIEW	
(LHORMONE = 1) AND RESPONDENT IS THE SUBJECT.....	GO TO BOX G-14
ALL OTHERS.....	CONTINUE

G19. Did (you/SUBJECT) ever take female hormone pills such as estrogen or premarin for reasons related to menopause or the change of life such as hot flashes, mood changes or bone loss?

- YES 1
- NO 2 (G27)
- DON'T KNOW TYPE OF PILL 3
- DK -8 (G27)

NOTE: IF HORMONE USE REPORTED IN PREVIOUS INTERVIEW (LHORMONE = 1) AND THE RESPONSE TO G19 IS NO (G19 = 2) THE CATI PROGRAM WILL RECODE G19 TO "96" AND THEN GO TO G27.

BOX G-14	
FIRST HORMONE USE STATUS:	
AGE WHEN HORMONES FIRST USED IS KNOWN (LHORMAGE = 1)	GO TO G21
ALL OTHERS	CONTINUE

G20. How old (were you/was she) when (you/she) first took hormone pills?

- AGE IN YEARS: |__|__|
- DK -8
 - DISCREPANCY 96 (G27)

G21. (Are you/Is she) currently taking hormone pills such as estrogen or premarin for reasons related to menopause or the change of life such as hot flashes, mood changes or bone loss?

- YES 1 (G23)
- NO 2
- DON'T KNOW TYPE OF PILL 3 (G23)
- DK -8 (G23)

G22. How old (were you/was she) when (you/she) last took hormone pills?

- AGE IN YEARS: |__|__|
- DISCREPANCY 96 (G27)

G23. Thinking about (your/SUBJECT's) past use of (hormone pills/these pills), what is the longest period of time that (you have/she has) continuously taken them? That is, without stopping for at least one month.

|__|__| [AND |__|__|]:
 YEARS AND MONTHS 1
 MONTHS 2
 YEARS..... 3
 LESS THAN ONE MONTH 95
 DK -8

G24. Now thinking about the total amount of time (you have/she has) taken these pills, how many months or years (have you/has she) actually used them? Please do not include the times when (you/she) might have stopped taking the pill for at least one month.

|__|__| [AND |__|__|]:
 YEARS AND MONTHS 1
 MONTHS 2
 YEARS..... 3
 LESS THAN ONE MONTH 95
 DK -8

BOX G-15	
CURRENT HORMONE USER:	
CURRENTLY USING HORMONES (G21 = 1, 3)	CONTINUE
ALL OTHERS.....	GO TO G27

G25. What is the color of the (hormone) pill (you are/SUBJECT is) taking?

PURPLE/BLUE 1
 YELLOW/ORANGE 2
 WHITE..... 3
 MAROON/BROWN/RED 4
 GREEN..... 5

G26. How long (have you/has she) been taking this same color pill?

NUMBER OF MONTHS: |__|__|
 OR
 NUMBER OF YEARS: |__|__|
 LESS THAN ONE MONTH 95

G27. (Have you/Has SUBJECT) ever used an estrogen or hormone skin patch?

YES 1
 NO..... 2 (BOX G-16)
 DK..... -8 (BOX G-16)

G28. How old (were you/was she) when (you/she) first used an estrogen or hormone skin patch?

AGE IN YEARS: |__|__|

G29. (Are you/is she) currently using one?

YES 1 (BOX G-16)
 NO..... 2
 DK -8

G30. How old (were you/was she) when (you/she) last used an estrogen or hormone skin patch?

AGE IN YEARS: |__|__|

BOX G-16	
HORMONE USAGE CHECK:	
HORMONE USE REPORTED IN PREVIOUS INTERVIEW (LHORMONE = 1) OR IN CURRENT INTERVIEW (G19 = 1 OR G27 = 1).....	
	CONTINUE
ALL OTHERS.....	
	GO TO BOX G-18

BOX G-17	
PROVERA CHECK:	
PROVERA USE REPORTED IN PREVIOUS INTERVIEW (LPROVERA = 1) AND RESPONDENT IS THE SUBJECT.....	
	GO TO G34
ALL OTHERS.....	
	CONTINUE

G31. In addition to estrogen, sometimes women also use the female hormone progestin sometimes called Provera at the change of life or after a hysterectomy. These pills are often taken along with an estrogen pill for only part of the month. (Have you/has SUBJECT) ever taken progestin or Provera?

YES 1
 NO..... 2 (BOX G-18)
 DON'T KNOW TYPE OF PILL..... 3
 DK -8 (BOX G-18)

NOTE: IF PROVERA REPORTED IN PREVIOUS INTERVIEW (LPROVERA = 1) AND THE RESPONSE TO G31 IS NO (G31 = 2) THE CATI PROGRAM WILL RECODE G31 TO "96" AND THEN GO TO BOX G-18.

G32. (Are you/Is she) currently taking these pills?

- YES 1
- NO..... 2

G33. How long (have you/had she/had you/had she) been taking these pills?

- NUMBER OF MONTHS: |__|__| (BOX G-18)
- OR
- NUMBER OF YEARS: |__|__| (BOX G-18)
- LESS THAN ONE MONTH..... 95 (BOX G-18)

G34. Are you currently taking progestin or Provera?

- YES 1
- NO..... 2
- DK..... -8

G35. Now thinking about the total amount of time you have taken these pills, how many months or years have you actually used them?
Please do not include the times when you might have stopped taking the pill for at least one month.

- |__|__| [AND |__|__|]:
- YEARS AND MONTHS 1
- MONTHS 2
- YEARS..... 3
- LESS THAN ONE MONTH 95
- DK -8

BOX G-18

BIRTH CONTROL USAGE AT LAST INTERVIEW:

POST-MENOPAUSAL AT LAST COMPLETE INTERVIEW
(LMENSTAT = 1) GO TO BOX G-25

USED BIRTH CONTROL PILLS FOR ANY REASON (LORALCON = 1)
AND NOT POST-MENOPAUSAL AT LAST COMPLETE INTER-
VIEW (LMENSTAT = 2) AND RESPONDENT IS THE SUBJECT..... GO TO BOX G-19

ALL OTHERS..... CONTINUE

G36. Did (you/SUBJECT) ever take birth control pills for any reason?

- YES 1
- NO..... 2 (BOX G-25)
- DK..... -8 (BOX G-25)

NOTE: IF ORAL CONTRACEPTIVE USE REPORTED IN PREVIOUS INTERVIEW (LORALCON = 1) AND THE RESPONSE TO G36 IS NO (G36 = 2) THE CATI PROGRAM WILL RECODE G36 TO "96" AND THEN GO TO BOX G-25.

G37. How old (were you/was she) when (you/she) first took birth control pills?

AGE: |__|__|

BOX G-19	
CURRENT PREGNANCY STATUS:	
NOW PREGNANT (G2 = 1 OR G5 = 1).....	GO TO G39
ALL OTHERS.....	CONTINUE

BOX G-20	
CURRENT MENSTRUAL STATUS:	
CURRENTLY POST-MENOPAUSAL (G15 = 2) OR SUBJECT HAS NO UTERUS (G10 = 2) OR SUBJECT HAS NO OVARIES (G13 = 2).....	
	GO TO G39
ALL OTHERS.....	CONTINUE

G38. (Are you/Is SUBJECT) currently taking birth control pills?

YES 1 (G40)
 NO..... 2
 DK..... -8 (G40)

G39. How old (were you/was she) when (you/she) last took birth control pills?

AGE: |__|__|
 DK..... -8
 DISCREPANCY..... 96 (BOX G-25)

G40. What is the longest period of time that (you have/she has) continuously taken birth control pills? That is, without stopping for at least one month.

|__|__| [AND |__|__|]:
 YEARS AND MONTHS 1
 MONTHS 2
 YEARS..... 3
 LESS THAN ONE MONTH 95

G41. Now thinking about the total amount of time (you have/she has) taken these pills, how many months or years (have you/has she) actually used them? Please do not include the times when (you/she) might have stopped taking the pill for at least one month.

|__|__| [AND |__|__|]:
 YEARS AND MONTHS 1
 MONTHS 2
 YEARS..... 3
 LESS THAN ONE MONTH 95

BOX G-21

BIRTH CONTROL USAGE BEFORE AGE 25:
 USED BEFORE AGE 25 (G37 < 25 or LAGEOC25 = 1)..... CONTINUE
 ALL OTHERS..... GO TO BOX G-23

BOX G-22

LENGTH OF TIME OC'S USED BEFORE AGE 25:
 LENGTH OF TIME OC'S USED BEFORE AGE 25 IS KNOWN
 (LLENOC25 = 1)..... GO TO BOX G-23
 ALL OTHERS..... CONTINUE

G42. How many months or years did (you/she) use birth control pills prior to the age of 25? Please do not include the times when (you/she) might have stopped taking the pill for at least one month.

|_|_| [AND |_|_|]:
 YEARS AND MONTHS 1
 MONTHS 2
 YEARS..... 3
 LESS THAN ONE MONTH 95
 DISCREPANCY..... 96

BOX G-23

BIRTH CONTROL USAGE AND LIVE BIRTH:
 USED ORAL CONTRACEPTIVES (LORALCON = 1 OR G36 = 1) AND
 HAD AT LEAST ONE LIVE BIRTH (LLVEBTH = 1 OR G7 ≥ 1) CONTINUE
 ALL OTHERS..... GO TO BOX G-25

BOX G-24

BIRTH CONTROL USAGE BEFORE LIVE BIRTH:
 USED ORAL CONTRACEPTIVES BEFORE THE BIRTH OF
 FIRST CHILD (LOCFBTH = 1) GO TO BOX G-25
 ALL OTHERS..... CONTINUE

G43. Did (you/SUBJECT) use birth control pills before (your/her) first child was born?

YES 1
 NO..... 2 (BOX G-25)
 DK -8 (BOX G-25)
 DISCREPANCY..... 96 (BOX G-25)

G44. How many months or years before (your/her) first child was born did (you/she) use birth control pills? Please do not include the times when (you/she) might have stopped taking the pill for at least one month.

|_|_| [AND |_|_|]:
 YEARS AND MONTHS 1
 MONTHS 2
 YEARS..... 3
 LESS THAN ONE MONTH..... 95

BOX G-25	
CURRENT PREGNANCY/STERILIZATION STATUS:	
PREVIOUSLY STERILIZED (<i>LFEMSTER</i> = 1) OR	
NOW PREGNANT (<i>G2</i> = 1 OR <i>G5</i> = 1)	GO TO BOX G-26
ALL OTHERS.....	CONTINUE

G45. (Have you/Has SUBJECT) ever had an operation to be sterilized also known as a tubal ligation or having your tubes tied?

YES 1
 NO..... 2 (BOX G-26)
 DK -8 (BOX G-26)

G46. How old (were you/was she) when (you/she) had this procedure?

AGE: |_|_|

BOX G-26	
PAP SMEAR STATUS:	
PAP SMEAR REPORTED IN PREVIOUS INTERVIEW (<i>LPAPSMER</i> = 1)	
AND RESPONDENT IS THE SUBJECT	GO TO G48
ALL OTHERS.....	CONTINUE

G47. (Have you/Has SUBJECT) ever had a Pap smear test? [This is a special test that a doctor or other health professional conducts as part of a pelvic exam that looks for abnormal cells.]

YES..... 1
 NO..... 2 (PART H)
 DK..... -8 (PART H)

NOTE: IF PAP SMEAR REPORTED IN PREVIOUS INTERVIEW (LPAPSMER = 1) AND THE RESPONSE TO G47 IS NO (G47 = 2) THE CATI PROGRAM WILL RECODE G47 TO "96" AND THEN GO TO PART H.

G48. About how long has it been since (you/she) had a Pap smear test?

NUMBER OF YEARS: |__|__|
 LESS THAN 1 YEAR..... 95
 DISCREPANCY..... 96 (PART H)

BOX G-27	
TIME SINCE LAST PAP SMEAR:	
MORE THAN 5 YEARS AGO (G48 > 5).....	GO TO PART H
ALL OTHERS.....	CONTINUE

G49. On about how many occasions (have you/has she) had a Pap smear test in the past 5 years?

NUMBER OF OCCASIONS: |__|__|

TIME ENDED: _____ AM / PM

**PART H: SOCIAL SECURITY/MEDICARE NUMBER
AND CLOSING STATEMENTS**

TIME BEGAN: _____ AM / PM

QUESTIONS WHICH WERE ALREADY ASKED AT THE BEGINNING OF THE INTERVIEW WILL NOT BE ASKED AGAIN.

Before finishing the interview, I have a few questions about (your/SUBJECT'S) background (and health insurance status).

BOX H-1	
AGE CHECK:	
§ IS UNDER 62 (NAGE < 062).....	GO TO BOX H-3
ALL OTHERS.....	CONTINUE

BOX H-1a	
MEDICARE NUMBER AND SOCIAL SECURITY NUMBER CHECK:	
§'S MEDICARE NUMBER IS NOT VALID (LMEDICAR ≠ 1) AND §'S SOCIAL SECURITY NUMBER IS NOT VALID (LSSN ≠ 1)	CONTINUE
ALL OTHERS.....	GO TO BOX H-2

H1ALT. Medicare is a social security health insurance program for persons 65 years old or older and for certain disabled persons. People who are covered by Medicare have a red, white and blue Medicare card. (Are you/Is SUBJECT) covered by Medicare?

YES 1
 NO..... 2 (BOX H-3)
 DK..... -8 (BOX H-3)

H2ALT. As part of this survey, I'd like to have (your/SUBJECT'S) Medicare and Social Security numbers. This information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on any benefits that are being received whether or not (you/he/she) decide(s) to provide the numbers. This information will be used in conducting future followup studies. It will also be used to obtain health care facility data from Medicare records and location and vital status data from state vital statistics, Medicare and Social Security records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (your/SUBJECT'S) health insurance claim number on (your/his/her) Medicare Card? [READ IF NECESSARY: I'll wait while you get (your/his/her) Medicare Card.]

MEDICARE NUMBER: |_|_|_| - |_|_| - |_|_|_|_| () ()

H3ALT. What is (your/SUBJECT'S) Social Security number? [READ IF NECESSARY: I'll wait while you get (your/his/her) Social Security number.]

SOCIAL SECURITY NUMBER: |_|_|_| - |_|_| - |_|_|_|_| (H3a)

>OX H-2	
MEDICARE NUMBER CHECK:	
S'S MEDICARE NUMBER IS VALID (LMEDICAR = 1).....	GO TO BOX H-3
ALL OTHERS.....	CONTINUE

H1. Medicare is a social security health insurance program primarily for persons 65 years old or older. People who are covered by Medicare have a red, white and blue Medicare card. (Are you/Is SUBJECT) covered by Medicare?

YES 1
 NO..... 2 (BOX H-3)
 DK.....-8 (BOX H-3)

H2. As part of this survey, I'd like to have (your/SUBJECT'S) Medicare number. This information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on any benefits that are being received whether or not (you/he/she) decide(s) to provide the number. This information will be used in conducting future followup studies and to obtain current location, vital status, and health care facility data from Medicare records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (your/SUBJECT'S) health insurance claim number on (your/his/her) Medicare Card? [READ IF NECESSARY: I'll wait while you get (your/his/her) Medicare Card.]

MEDICARE NUMBER: |_|_|_|-|_|_|-|_|_|_|_| () ()

BOX H-3	
SOCIAL SECURITY NUMBER CHECK:	
S'S SOCIAL SECURITY NUMBER IS VALID (LSSN = 1)	GO TO H3a
ALL OTHERS.....	CONTINUE

H3. As part of this survey, I would (also) like to have (your/SUBJECT'S) Social Security number. (Again,) This information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on any benefits that are being received whether or not (you/he/she) decide(s) to provide the number. This information will be used in conducting future followup studies and to obtain location and vital status data from state vital statistics and Social Security records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (your/SUBJECT'S) Social Security number? [READ IF NECESSARY: I'll wait while you get (your/his/her) Social Security number.]

SOCIAL SECURITY NUMBER: |_|_|_|_|-|_|_|-|_|_|_|_|

H3a. The next questions are about health insurance coverage and the kinds and amounts of income that people receive. [READ IF NECESSARY: The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and in finding ways to lower costs of care.]

Medicaid or (LOCAL NAME) is a public assistance program that pays for medical care. (Do you/Does SUBJECT) have coverage for medical care under Medicaid or (LOCAL NAME)?

YES 1
NO..... 2

H3b. (Are you/is he/she) covered by CHAMPUS, CHAMPVA, the VA or military health care? [These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.]

YES 1
NO..... 2

H3c. Health insurance can also be obtained through a current or former employer, a union, an association, or on an individual basis. (Are you/is he/she) covered by any of these types of private health insurance? Include membership in a health maintenance organization.

YES 1
NO..... 2 (H3e)
DK -8 (H3e)

H3d. Is this health insurance obtained through a current or former employer or union?

YES 1
NO..... 2

H3e. (Do you/Does SUBJECT) have insurance or coverage for medical care under some other program that I haven't mentioned?

YES 1
NO..... 2 (H3g)
DK -8 (H3g)

H3f. What is the name of that program?

H3g. In the past 12 months, did (you/SUBJECT) receive any personal income from any of the following sources? Some of these may not apply to (you/him/her), but I need to ask about each one. Did (you/SUBJECT) receive income from . . .

	YES	NO
a. Wages and salaries [including tips, bonuses and overtime] or net income from self-employment?.....	1	2
b. Social security or railroad retirement?	1	2
c. Supplemental security income?.....	1	2
d. Unemployment compensation?.....	1	2
e. Aid to families with dependent children [sometimes called AFDC or ADC] or any other public assistance or welfare payments?.....	1	2
f. Interest earnings from savings or other bank accounts?	1	2
g. Dividends received from stocks or mutual funds or net rental income from property, royalties, estates or trusts?.....	1	2
h. Child support?.....	1	2
i. Any other source such as alimony, contributions from family or others, Veterans Administration payments, worker's compensation, disability or retirement programs other than Social Security or Railroad Retirement or Supplemental Security Income?.....	1	2

H3h. Over the last 12 months, what was (your/SUBJECT'S) personal income from all sources including wages, salaries, Social Security or retirement benefits, help from relatives, rent from property, and so forth?

\$ _____

H3i. Over the last 12 months, what was the total combined income of (your/his/her) family from all sources including wages, salaries, Social Security or retirement benefits, help from relatives, rent from property, and so forth?

\$ _____

BOX H-4

FATHER'S SURNAME CHECK:

S IS FEMALE (LSSEX = 2) AND FATHER'S LAST NAME
 IS NOT KNOWN (LDADNAME = 2) CONTINUE
 ALL OTHERS..... GO TO BOX H-5

H4. Please tell me (your/SUBJECT'S) father's last name.

FATHER'S LAST NAME: _____

BOX H-5

HOSPITALIZATION CHECK:
HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR
B63 = 1 OR B66 = 1 OR B69 = 1 OR B80 = 1 OR
B89 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR
B111 = 1 OR B114 = 1 OR B115 = 1 OR B121 IS
ANSWERED)..... CONTINUE
ALL OTHERS..... GO TO BOX H-7

BOX H-6

(DISPLAY HOSPITALIZATION CONDITIONS)
INTERVIEWER: COMPARE THE SCREEN AND THE HHCF CHART:
ARE ANY HOSPITAL STAYS RECORDED ON THE SCREEN THAT DO NOT APPEAR ON THE
CHART?
YES..... 1 FILL IN CHART,
THEN CONTINUE
NO..... 2 CONTINUE

BOX H-7

(DISPLAY HOSPITALIZATION CONDITIONS)
INTERVIEWER: COMPARE THE SCREEN AND THE HHCF CHART:
ARE ANY HOSPITAL STAYS RECORDED ON THE CHART THAT DO NOT APPEAR ON THE
SCREEN?
YES..... 1 CONDITION SECTION,
THEN BOX H-9
NO..... 2 CONTINUE

BOX H-8

HOSPITALIZATION CHECK:
HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR
B63 = 1 OR B66 = 1 OR B69 = 1 OR B80 = 1 OR
B89 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR
B111 = 1 OR B114 = 1 OR B115 = 1 OR B121 IS
ANSWERED)..... CONTINUE
ALL OTHERS..... GO TO H13

BOX H-9	
RESPONDENT TYPE:	
<u>R</u> IS SUBJECT	CONTINUE
<u>R</u> IS PROXY	GO TO H6

SUBJECT ADDRESS
(ASKED OF SUBJECTS WHO HAVE REPORTED HOSPITALIZATIONS)

H5. As part of this survey, I would like to send you a form that authorizes the United States Public Health Service to obtain information from hospital or nursing home records.

[To do this, I need to confirm your address. VERIFY SPELLING.]

***NAME:** _____

FIRST	MIDDLE	LAST
-------	--------	------

ADDRESS: _____

STREET NUMBER AND NAME	APT. NUMBER	
CITY	STATE	ZIP CODE

And I need to confirm your telephone number.

TELEPHONE NUMBER: () _____

When you receive this form please sign your name and return the form in the postage paid envelope. You will receive a \$5.00 check for participating in the survey about two weeks after you sign and mail back this form. I would like to put my initials on a statement indicating we have your permission to collect this information. Is this all right?

- | | |
|--|---|
| <u>S</u> GIVES PERMISSION | 1 (H13) |
| <u>S</u> DOES NOT GIVE PERMISSION..... | 2 (GO TO COMMENTS IF
S REFUSES TO SIGN,
THEN H13) |

***NOTE: NAME WILL NEVER BE ASKED HERE BECAUSE IT WILL ALWAYS HAVE BEEN CONFIRMED IN THE INTRODUCTION.**

BOX H-11	
RESPONDENT'S RELATIONSHIP TO SUBJECT:	
<input type="checkbox"/> IS RELATIVE.....	CONTINUE
<input type="checkbox"/> IS NON-RELATIVE	GO TO H9

H8. When you receive the form please sign your name and return the form in the postage paid envelope. You will receive a \$5.00 check for returning the form about two weeks after we receive the signed authorization form. I would like to put my initials on a statement indicating that we have permission to collect this information. Is this all right?

- | | |
|--|---|
| <input type="checkbox"/> GIVES PERMISSION..... | 1 (H13) |
| <input type="checkbox"/> DOES NOT GIVE PERMISSION..... | 2 (GO TO COMMENTS IF
P REFUSES TO SIGN,
THEN H13) |

NOTE: FORM WILL BE MAILED TO PROXY.

H9. Do you know a relative of (SUBJECT) who could sign this authorization?

- YES 1
- NO..... 2 (H11)
- DK..... -8 (H11)

RELATIVE OF SUBJECT
(ASKED WHEN SUBJECT IS INCAPACITATED, PROXY IS NOT A RELATIVE AND CANNOT
SIGN MAF, AND PROXY KNOWS OF RELATIVE WHO WILL SIGN)

H10. I need to have the name, address and telephone number of a relative of (SUBJECT) who could sign this authorization. [VERIFY ALL SPELLING.]

NAME: _____

ADDRESS: _____

STREET NUMBER AND NAME	APT. NUMBER
CITY	STATE
	ZIP CODE

TELEPHONE NUMBER: () _____

What is (RELATIVE'S) relationship to (SUBJECT)?

- | | | | |
|-------------------------------|----|---|-------|
| HUSBAND/WIFE | 1 | } | (H13) |
| FATHER/MOTHER..... | 2 | | |
| GRANDPARENT | 3 | | |
| SON/DAUGHTER..... | 4 | | |
| GRANDCHILD..... | 5 | | |
| BROTHER/SISTER..... | 6 | | |
| AUNT/UNCLE/COUSIN..... | 7 | | |
| NIECE/NEPHEW..... | 8 | | |
| OTHER RELATIVE (SPECIFY)..... | 91 | | |
-

NOTE: FORM WILL BE MAILED TO RELATIVE.

H11. Do you know someone else who has the power of attorney and could sign this authorization form?

- YES 1
- NO..... 2 (H13)
- DK..... -8 (H13)

POWER OF ATTORNEY FOR SUBJECT
(ASKED WHEN SUBJECT IS INCAPACITATED, PROXY IS NOT A RELATIVE AND CANNOT
SIGN MAF AND PROXY DOES NOT KNOW OF A RELATIVE OF SUBJECT)

H12. I need to have the name, address and telephone number of this person. [VERIFY ALL SPELLING.]

NAME: _____

ADDRESS: _____

STREET NUMBER AND NAME	APT. NUMBER
------------------------	-------------

CITY	STATE	ZIP CODE
------	-------	----------

TELEPHONE NUMBER: (____) _____

What is (ATTORNEY NAME) relationship to (SUBJECT)?

- ATTORNEY 1
 - FRIEND 2
 - OTHER (SPECIFY) 91
- _____

NOTE: FORM WILL BE MAILED TO PERSON IN H12.

TRACING REFERENCE
(ASKED FOR SUBJECT AND SUBJECT INCAPACITATED. PERSON MUST NOT
BE THE SUBJECT OR PROXY FOR INCAPACITATED SUBJECT.)

H13. Please give me the name, address, and telephone number of a relative or friend of (yours/SUBJECT'S) who would know how to get in touch with (you/him/her) in case we need to contact (you/him/her) again and have a hard time getting in touch with (you/him/her)? [PROBE FOR APT. NUMBER AND ZIP CODE. VERIFY ALL SPELLING.]

NAME: _____

ADDRESS: _____

STREET NUMBER AND NAME

APT. NUMBER

CITY

STATE

ZIP CODE

TELEPHONE NUMBER: () _____

H14. Under what name is that telephone number likely to be listed?

- SAME AS REFERENCE NAME..... 1
- UNLISTED..... 2
- NEW TELEPHONE LISTING NAME (SPECIFY)..... 3

H15. How is (REFERENCE NAME) related to (SUBJECT)?

- HUSBAND/WIFE 1
 - FATHER/MOTHER..... 2
 - FATHER-IN-LAW/MOTHER-IN-LAW 3
 - GRANDPARENT 4
 - SON/DAUGHTER..... 5
 - SON-IN-LAW/DAUGHTER-IN-LAW 6
 - GRANDCHILD..... 7
 - BROTHER/SISTER..... 8
 - BROTHER-IN-LAW/SISTER-IN-LAW 9
 - AUNT/UNCLE/COUSIN..... 10
 - NIECE/NEPHEW..... 11
 - ROOMMATE/FRIEND/NEIGHBOR 12
 - OTHER RELATIVE (SPECIFY)..... 91
-
- OTHER NON-RELATIVE (SPECIFY) 92
-

BOX H-12		
RESPONDENT TYPE AND HOSPITAL CHECK:		
R IS SUBJECT AND BOX H-5 OR BOX H-7 INDICATE A HOSPITALIZATION.....		GO TO H18
R IS SUBJECT AND BOX H-5 OR BOX H-7 INDICATE NO HOSPITALIZATIONS.....		GO TO H16
R IS PROXY AND BOX H-5 OR BOX H-7 INDICATE A HOSPITALIZATION.....		CONTINUE
R IS PROXY AND BOX H-5 OR BOX H-7 INDICATE NO HOSPITALIZATIONS.....		GO TO H17

Thank you very much for taking the time to participate in this interview. Goodbye. (TERMINATE.)

SUBJECT ADDRESS
(ASKED WHEN NO HOSPITALIZATIONS REPORTED)

H16. Finally, I would like to confirm your address and telephone number.

*NAME: _____

FIRST	MIDDLE	LAST
-------	--------	------

ADDRESS: _____

STREET NUMBER AND NAME	APT. NUMBER
------------------------	-------------

CITY	STATE	ZIP CODE
------	-------	----------

And I need to confirm your telephone number.

TELEPHONE NUMBER: () _____

**NOTE: NAME WILL NEVER BE ASKED HERE BECAUSE IT WILL ALWAYS HAVE BEEN CONFIRMED IN THE INTRODUCTION.*

GO TO H18

PART I: OBSERVATION SHEET
(TO BE COMPLETED AT CONCLUSION OF INTERVIEW)

BOX I-1		
RESPONDENT TYPE:		
SUBJECT WITH ASSISTANCE		CONTINUE
PROXY		GO TO I2 INTRO
ALL OTHERS		GO TO I3

I1. WHO WAS THE PRIMARY RESPONDENT?

- SUBJECT 1
 - ASSISTANT #1 2
 - ASSISTANT #2 3
 - UNCERTAIN 4
 - OTHER (SPECIFY) 91
-

I2INTRO. DO YOU KNOW THE REASON WHY (PROXY/ASSISTANT) WAS NEEDED?

- YES 1
- NO 2 (I3)

I2. WHY WAS (PROXY/ASSISTANT) NEEDED? [CODE YES OR NO FOR EACH CATEGORY]

- | | YES | NO |
|---|-----|----|
| a. HEARING PROBLEM..... | 1 | 2 |
| b. SPEECH PROBLEM..... | 1 | 2 |
| c. LANGUAGE PROBLEM (INTERPRETER) | 1 | 2 |
| d. POOR MEMORY, SENILITY, OR CONFUSION..... | 1 | 2 |
| e. INSTITUTIONALIZED | 1 | 2 |
| f. ALZHEIMER'S DISEASE..... | 1 | 2 |
| g. OTHER MENTAL CONDITION (SPECIFY)..... | 1 | 2 |
| <hr/> | | |
| h. OTHER PHYSICAL ILLNESS AND/OR DISABILITY (SPECIFY) | 1 | 2 |
| <hr/> | | |
| i. OTHER NON-HEALTH (SPECIFY) | 1 | 2 |
| <hr/> | | |
| j. OTHER (SPECIFY) | 1 | 2 |
| <hr/> | | |

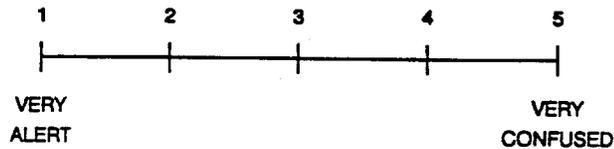
13. DO YOU FEEL THAT THE INFORMATION PROVIDED BY THE RESPONDENT WAS SATISFACTORY?

YES 1 (BOX I-2)
 NO 2

14. WHY NOT?

BOX I-2	
RESPONDENT CHECK:	
RESPONDENT IS SUBJECT OR SUBJECT WITH ASSISTANCE.....	CONTINUE
ALL OTHERS.....	GO TO I6

15. PLEASE CODE THE NUMBER THAT BEST DESCRIBES THE SUBJECT'S AWARENESS LEVEL DURING THE INTERVIEW.



16. IN REGARD TO THE QUESTIONNAIRE, DO YOU FEEL IT ...

	YES	NO	UNCERTAIN
a. HELD THE RESPONDENT'S ATTENTION THROUGHOUT THE INTERVIEW?	1	2	3
b. WAS UPSETTING OR DEPRESSING TO THE RESPONDENT?	1	2	3
c. WAS BORING OR UNINTERESTING TO THE RESPONDENT?	1	2	3

17. WITH REGARD TO THE RESPONDENT, DO YOU FEEL THE ...

	YES	NO	UNCERTAIN
a. RESPONDENT WAS INTELLECTUALLY CAPABLE OF RESPONDING?	1	2	3
b. RESPONDENT'S ANSWERS WERE REASONABLY ACCURATE?	1	2	3
c. RESPONDENT UNDERSTOOD THE QUESTIONS?	1	2	3

BOX I-3	
QUESTIONNAIRE STATUS:	
PROBLEM WITH QUESTIONNAIRE REPORTED (I6b = 1 OR I6c = 1 OR I7a = 2 OR I7b = 2 OR I7c = 2).....	CONTINUE
ALL OTHERS.....	GO TO I9

I8. WAS THERE A SECTION THAT SEEMED TO BE PARTICULARLY UPSETTING OR PROBLEMATIC FOR THE RESPONDENT?

YES..... 1
NO..... 2 (I9)

WHICH SECTION AND WHY? _____

I9. WAS THE RESPONDENT HARD OF HEARING?

YES..... 1
NO..... 2

I10. WAS THE INTERVIEW CONDUCTED IN SPANISH?

YES..... 1
NO..... 2

I11. RECORD ANY RELEVANT COMMENTS OR IMPRESSIONS YOU MAY HAVE HAD ABOUT THIS INTERVIEW.

I12. DID YOU HAVE ANY COMMENTS OR PROBLEMS WHEN RECORDING THE RESPONSES?

YES 1 (GO TO "COMMENTS")
NO 2

BOX I-4	
HOSPITALIZATION CHECK:	
HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1	
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR	
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR	
B63 = 1 OR B66 = 1 OR B69 = 1 OR B80 = 1 OR	
B89 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR	
B111 = 1 OR B114 = 1 OR b115 = 1 OR B121 IS	
ANSWERED).....	CONTINUE
ALL OTHERS.....	TERMINATE

I13. DID YOU RECORD THE ID NUMBER [(ID NUMBER)] AND THE NAME [(SUBJECT'S NAME)] ON THE HOSPITAL CHART?

YES 1
NO 2

Proxy Telephone Questionnaire

OMB #: 0920-0218

Expires: December 31, 1993

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE

PROXY DECEASED QUESTIONNAIRE

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated in this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to HHS Reports Clearance Officer, ATTN: PRA; Hubert H. Humphrey Bldg.; Room 721-B; 200 Independence Ave., SW; Washington, D.C. 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0000); Washington, D.C. 20503.

PART A: BACKGROUND INFORMATION

TIME BEGAN: _____ AM / PM

First, I would like to ask you a few questions about (SUBJECT'S) household.

A1. In the year prior to (SUBJECT'S) death, where did (he/she) live most of the time – in a house or apartment, a nursing home or rest home, retirement home, or did (he/she) have some other arrangement?

- PRIVATE HOUSE OR APARTMENT 1
- NURSING OR CONVALESCENT OR
REST HOME 2 (A1c)
- RETIREMENT HOME 3
- BOARDING HOUSE, ROOMING HOUSE
OR RENTED ROOM 4
- FAMILY OR FOSTER CARE HOME 5
- MENTAL HEALTH FACILITY..... 6 (A1c)
- ANOTHER HEALTH FACILITY..... 7 (A1c)
- OTHER ARRANGEMENT (SPECIFY)..... 91
- _____
- OTHER INSTITUTION (SPECIFY) 92 (A1c)
- _____
- DK..... -8

A1a. Was (SUBJECT) living in a nursing home or other health care facility at the time of (his/her) death?

- YES 1
- NO..... 2

A1b. In the year prior to (SUBJECT'S) death, did you live in the same household with (him/her)?

- YES 1 (BOX A-1)
- NO..... 2
- DK..... -8 (BOX A-1)

A1c. In the year prior to (SUBJECT'S) death, about how frequently did you visit or talk to (him/her)? [PROBE WITH CATEGORIES IF NECESSARY.]

- EVERYDAY 1
- LESS THAN DAILY BUT AT LEAST ONCE
A WEEK..... 2
- LESS THAN WEEKLY BUT MORE THAN
ONCE A MONTH..... 3
- LESS THAN ONCE A MONTH..... 4

BOX A-1

MOST RECENT RESIDENCE:
NOT IN NURSING HOME AT DEATH (A1a = 2) AND
NOT IN NURSING HOME, HEALTH FACILITY, OR
OTHER INSTITUTION IN YEAR PRIOR TO DEATH
(A1 = 2, 6, 7, 92)..... GO TO A4
ALL OTHERS..... CONTINUE

BOX A-2

PREVIOUS AND MOST RECENT RESIDENCES:
IN NURSING HOME IN MOST RECENT INTERVIEW
(LNURSING = 1) AND (IN NURSING HOME AT
DEATH (A1a = 1) OR IN NURSING HOME, IN
YEAR PRIOR TO DEATH (A1 = 2))..... CONTINUE
ALL OTHERS..... GO TO A7

A2. Since (MONTH/YEAR) did (SUBJECT) continuously live in a nursing home?

YES 1
 NO 2 (A7)
 DK -8 (BOX A-3)

A3. Is this the same nursing home (he/she) was living in in (MONTH/YEAR)?

YES 1 (BOX A3)
 NO 2 (BOX A3)

A4. At the time of (his/her) death, how many people lived in (his/her) household including (SUBJECT)?

ONE 01 (A6)

NUMBER OF PEOPLE: |__|__|

DK -8

REFUSED -7 (BOX A-3)

A5. What relationship to (SUBJECT) (was/were) the other person(s) who lived in (his/her) household? [PROBE FOR SEX IF NOT OBVIOUS: Is (PERSON) male or female?]

PERSON #	RELATIONSHIP	SEX
1	__ __	__
2	__ __	__
3	__ __	__
4	__ __	__
5	__ __	__
6	__ __	__
7	__ __	__
8	__ __	__
9	__ __	__
10	__ __	__

- RELATIONSHIP:
- 1 = HUSBAND/WIFE
 - 2 = FATHER/MOTHER
 - 3 = FATHER-IN-LAW/MOTHER-IN-LAW
 - 4 = GRANDPARENT
 - 5 = SON/DAUGHTER
 - 6 = SON-IN-LAW/DAUGHTER-IN-LAW
 - 7 = GRANDCHILD
 - 8 = BROTHER/SISTER
 - 9 = BROTHER-IN-LAW/SISTER-IN-LAW
 - 10 = AUNT/UNCLE/COUSIN
 - 11 = NIECE/NEPHEW
 - 12 = ROOMMATE/FRIEND/NEIGHBOR
 - 13 = OTHER RELATIVE
 - 14 = OTHER NON-RELATIVE

- SEX:
- 1 = MALE
 - 2 = FEMALE

GO TO BOX A-3

A6. How long had (he/she) lived alone?

|__|__| MONTHS 1 (BOX A-3)

YEARS 2 (BOX A-3)

LESS THAN ONE MONTH 95 (BOX A-3)

A7. At the time (he/she) entered the (nursing home or rest home/health care facility/institution), how many people lived in (his/her) household including (SUBJECT)?

ONE 01 (A9)
 NUMBER OF PEOPLE: |__|__|
 DK -8
 REFUSED..... -7 (BOX A-3)

A8. What relationship to (SUBJECT) (was/were) the other person(s) who lived in (his/her) household? [PROBE FOR SEX IF NOT OBVIOUS: Is (PERSON) male or female?]

PERSON #	RELATIONSHIP	SEX
1	__ __	__
2	__ __	__
3	__ __	__
4	__ __	__
5	__ __	__
6	__ __	__
7	__ __	__
8	__ __	__
9	__ __	__
10	__ __	__

RELATIONSHIP: 1 = HUSBAND/WIFE
 2 = FATHER/MOTHER
 3 = FATHER-IN-LAW/MOTHER-IN-LAW
 4 = GRANDPARENT
 5 = SON/DAUGHTER
 6 = SON-IN-LAW/DAUGHTER-IN-LAW
 7 = GRANDCHILD
 8 = BROTHER/SISTER
 9 = BROTHER-IN-LAW/SISTER-IN-LAW
 10 = AUNT/UNCLE/COUSIN
 11 = NIECE/NEPHEW
 12 = ROOMMATE/FRIEND/NEIGHBOR
 13 = OTHER RELATIVE
 14 = OTHER NON-RELATIVE

SEX: 1 = MALE
 2 = FEMALE

GO TO BOX A-3

A9. How long had (he/she) lived alone?

- |_|_| MONTHS..... 1
- YEARS..... 2
- LESS THAN ONE MONTH 95

BOX A-3	
TYPE OF RESPONDENT:	
R IS SPOUSE OF DECEASED	ENTER "1" IN A10 AND GO TO BOX A-4
ALL OTHERS.....	CONTINUE

A10. [VERIFY IF ALREADY KNOWN:]

At the time of (SUBJECT'S) death, was (he/she) married, widowed, divorced, separated, or had (he/she) never been married?

- MARRIED 1
- WIDOWED 2
- DIVORCED..... 3
- SEPARATED 4
- NEVER MARRIED 5

BOX A-4	
PREVIOUS INTERVIEW STATUS:	
NEVER INTERVIEWED (INTSTAT = BLANK).....	CONTINUE
ALL OTHERS.....	GO TO PART B

A11. Which of these categories best describes (SUBJECT) -- Aleut, Eskimo, American Indian, Asian, Pacific Islander, Black or White?

- ALEUT, ESKIMO OR AMERICAN INDIAN 1
- ASIAN/PACIFIC ISLANDER..... 2
- BLACK..... 3
- WHITE..... 4
- OTHER (SPECIFY) 91

A12. Was (he/she) of Hispanic origin?

- YES 1
- NO..... 2

A13 THROUGH A26 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

TIME ENDED: _____ AM / PM

PART B: MEDICAL CONDITIONS

TIME BEGAN: _____ AM / PM

BOX B-1	
RESPONDENT RELATIONSHIP TO SUBJECT:	
RESPONDENT IS A RELATIVE.....	GO TO B3
ALL OTHERS.....	CONTINUE

B0. Do you think you can answer questions about (SUBJECT'S) medical history?

YES.....	1
NO.....	2 (B130)
REFUSED.....	-7 (B130)
DK.....	-8

B1 AND B2 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B3. Did a doctor ever tell (SUBJECT) that (he/she) had arthritis?

YES.....	1
NO.....	2 (BOX B-4)
DK.....	-8 (BOX B-4)

NOTE: IF ARTHRITIS REPORTED IN PREVIOUS INTERVIEW (LARTH = 1) AND CURRENT ARTHRITIS IS NO (B3 = 2) THE CATI PROGRAM WILL RECODE B3 TO "96" AND THEN GO TO BOX B-4.

BOX B-2	
YEAR OF FIRST ARTHRITIS CHECK:	
YEAR FIRST TOLD OF ARTHRITIS IS KNOWN (LARTHyr = 1).....	GO TO BOX B-3
ALL OTHERS.....	CONTINUE

B4. Concerning (SUBJECT'S) arthritis, in what year was (he/she) first told (he/she) had arthritis?

YEAR: 19 |__|__|

BOX B-3	
ARTHRITIS TYPE:	
TYPE OF ARTHRITIS IS KNOWN (<i>LARTHYP</i> = 1)	GO TO B17
ALL OTHERS.....	CONTINUE

B5. There are different kinds of arthritis. Did a doctor ever tell (him/her) which kind (he/she) had?

YES 1
 NO 2 (B17)
 DK -8 (B17)

B6. Concerning (his/her) arthritis, did (he/she) have osteoarthritis, degenerative, rheumatoid or some other type? [PROBE WITH CATEGORIES IF NECESSARY.]

	YES	NO
a. OSTEO/DEGENERATIVE ARTHRITIS.....	1	2
b. RHEUMATOID	1	2
c. SOME OTHER TYPE (SPECIFY).....	1	2

B7 THROUGH B16 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B17. Since (1987/1985/1980/1970), was (he/she) hospitalized for arthritis? [PROBE: Was (he/she) there for more than a day?]

YES 1 (CHART)
 NO 2

BOX B-4	
HEART ATTACK CHECK:	
HEART ATTACK REPORTED IN PREVIOUS	
INTERVIEW (<i>LHATTACK</i> = 1).....	CONTINUE
ALL OTHERS.....	GO TO B19

B18. Since (MONTH/YEAR) did (SUBJECT) have a heart attack, (sometimes called coronary thrombosis or myocardial infarction)?

YES 1 (B22)
 NO 2 (B24)
 DK -8 (B24)

B19. Did a doctor ever tell (SUBJECT) that (he/she) had a heart attack, (sometimes called coronary thrombosis or myocardial infarction)?

YES..... 1
 NO..... 2 (B24)
 DK..... -8 (B24)

B20. In what year was (he/she) first told that (he/she) had a heart attack, (coronary thrombosis or myocardial infarction)?

YEAR: 19 |__|__|

B21. Did (he/she) have an additional heart attack since then?

YES..... 1
 NO..... 2 (B23)
 DK..... -8 (B23)

B22. In what year was that heart attack? [PROBE: Did (SUBJECT) have any others since then? PROBE FOR ALL YEARS.]

YEAR: 19 |__|__|

YEAR: 19 |__|__|

YEAR: 19 |__|__|

YEAR: 19 |__|__|

B23. Since (1967/1965/1960/1970), was (he/she) hospitalized for a heart attack? [PROBE: Was (he/she) there for more than a day?]

YES..... 1 (CHART)
 NO..... 2

B24. Since (1967/1965/1960/1970), was (he/she) hospitalized for any type of heart condition (other than a heart attack)? [PROBE: Was (he/she) there for more than a day?]

YES..... 1 (CHART)
 NO..... 2

BOX B-5	
CORONARY BYPASS CHECK:	
CORONARY BYPASS REPORTED IN PREVIOUS	
INTERVIEW (LCBPSURG = 1)	CONTINUE
HEART ATTACK OR OTHER HEART CONDITION REPORTED IN	
PREVIOUS INTERVIEW (LHATTACK = 1 OR LHRTCOND = 1)	
AND NO CORONARY BYPASS REPORTED (LCBPSURG = 2)	
	GO TO B26
ALL OTHERS.....	GO TO BOX B-6

B25. Since (MONTH/YEAR) did (SUBJECT) have coronary bypass surgery?

YES..... 1 (B27)
 NO..... 2 (BOX B-7)
 DK..... -8 (BOX B-7)

BOX B-6	
CURRENT HEART ATTACK/HEART CONDITION STATUS:	
HEART ATTACK (B19 = 1) OR HEART CONDITION (B24 = 1)	
REPORTED IN THIS INTERVIEW.....	CONTINUE
ALL OTHERS.....	GO TO BOX B-8

B26. Did (SUBJECT) ever have coronary bypass surgery?

YES..... 1
 NO..... 2 (BOX B-7)
 DK..... -8 (BOX B-7)

B27. Since (1987/1985/1980/1970), was (he/she) hospitalized for coronary bypass surgery? [PROBE: Was (he/she) there for more than a day?]

YES..... 1 (CHART)
 NO..... 2

BOX B-7	
PACEMAKER CHECK:	
PACEMAKER REPORTED IN PREVIOUS INTERVIEW (LPACEMAK = 1).....	GO TO B29
ALL OTHERS.....	CONTINUE

B28. Some people with heart rhythm problems have a pacemaker inserted to control the heartbeat. Did (SUBJECT) ever have a pacemaker inserted?

- YES 1
- NO..... 2 (BOX B-8)
- DK..... -8 (BOX B-8)

B29. Since (1987/1985/1980/1970), was (he/she) hospitalized for pacemaker insertion, repair, or replacement? [PROBE: Was (he/she) there for more than a day?]

- YES 1 (CHART)
- NO..... 2

BOX B-8	
STROKE CHECK:	
STROKE REPORTED IN PREVIOUS INTERVIEW (LSTROKE = 1).....	CONTINUE
ALL OTHERS.....	GO TO B31

B30. Since (MONTH/YEAR) did (SUBJECT) have a stroke (sometimes called a CVA)?

- YES 1 (B34)
- NO..... 2 (BOX B-9)
- VOLUNTEERS SMALL STROKE 3 (B34)
- VOLUNTEERS POSSIBLE STROKE 4 (B34)
- VOLUNTEERS TIA..... 5 (B34)
- DK..... -8 (BOX B-9)

B31. Did a doctor ever tell (SUBJECT) that (he/she) had a stroke (sometimes called a CVA)?

- YES..... 1
- NO..... 2 (BOX B-9)
- VOLUNTEERS SMALL STROKE..... 3
- VOLUNTEERS POSSIBLE STROKE..... 4
- VOLUNTEERS TIA..... 5
- DK..... -8 (BOX B-9)

B32. In what year was (he/she) first told that (he/she) had a (stroke/small stroke/possible stroke/TIA)?

YEAR: 19 |__|__|

B33. Did (he/she) have an additional (stroke/small stroke or stroke/possible stroke or stroke/TIA or stroke) since then?

- YES..... 1
- NO..... 2 (B35)
- VOLUNTEERS SMALL STROKE..... 3
- VOLUNTEERS POSSIBLE STROKE..... 4
- VOLUNTEERS TIA..... 5
- DK..... -8 (B35)

B34. In what year was that (stroke/small stroke/possible stroke/TIA)? [PROBE: Did (SUBJECT) have any others since then? PROBE FOR ALL YEARS.]

YEAR: 19 |__|__|

YEAR: 19 |__|__|

B35. Since (1987/1985/1980/1970), was (he/she) hospitalized for a (stroke/small stroke/possible stroke/TIA)? [PROBE: Was (he/she) there for more than a day?]

- YES..... 1 (CHART)
- NO..... 2

BOX B-9	
CAN RESPONDENT ANSWER MORE QUESTIONS ABOUT SUBJECT'S HEALTH?	
YES.....	1
NO.....	2 (B130)

B36 AND B37 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B38. Did a doctor ever say that (SUBJECT) had diabetes or sugar diabetes?

- YES 1
- NO 2 (B48)
- DK -8 (B48)
- BORDERLINE 95 (B48)

NOTE: IF DIABETES REPORTED IN PREVIOUS INTERVIEW (LDIABETE = 1) AND CURRENT RESPONSE TO B38 IS NO (B38 = 2) THE CATI PROGRAM WILL RECODE B38 TO "96" AND THEN GO TO B48.

B39. In what year was (he/she) first told that (he/she) had diabetes or sugar diabetes?

YEAR: 19 |__|__|

B40. In the year prior to (his/her) death, was (he/she) taking insulin injections for (his/her) diabetes?

- YES 1
- NO 2

B41. In the year prior to (his/her) death, was (he/she) taking pills for (his/her) diabetes?

- YES 1
- NO 2

B42. Since (1987/1985/1980/1970), was (he/she) hospitalized for diabetes? [PROBE: (Were you/Was he/she) there for more than a day?]

- YES 1 (CHART)
- NO 2

B43 THROUGH B47 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B48. Had (SUBJECT) ever been told by the doctor that (he/she) had high blood pressure or hypertension?

- YES 1
- NO 2 (BOX B-10)
- DK -8 (BOX B-10)
- BORDERLINE 95 (BOX B-10)

NOTE: IF HIGH BLOOD PRESSURE REPORTED IN PREVIOUS INTERVIEW (LHIGHBP = 1) AND THE RESPONSE TO B48 IS NO (B48 = 2) THE CATI PROGRAM WILL RECODE B48 TO "96" AND THEN GO TO BOX B-10.

B49. In what year was (he/she) first told that (he/she) had high blood pressure or hypertension?

YEAR: 19 |__|__|

B50. Did the doctor ever prescribe medicine for (his/her) high blood pressure?

YES..... 1
 NO..... 2 (B52)
 DK..... -8 (B52)

B51. In the year prior to (SUBJECT'S) death, was (he/she) taking medication for high blood pressure?

YES..... 1
 NO..... 2

B52. Since (1987/1985/1980/1970), was (he/she) hospitalized for high blood pressure? [PROBE: Was (he/she) there for more than a day?]

YES..... 1 (CHART)
 NO..... 2

B53 AND B54 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

BOX B-10	
BREAST CANCER CHECK:	
BREAST CANCER REPORTED IN PREVIOUS INTERVIEW	
(LBRSTCAN = 1).....	CONTINUE
ALL OTHERS.....	GO TO B57

BOX B-11	
YEAR OF FIRST BREAST CANCER:	
YEAR OF FIRST BREAST CANCER IS NOT KNOWN	
(LBCANCYR = 2).....	CONTINUE
ALL OTHERS.....	GO TO B57

B55. Had (SUBJECT) ever been told by a doctor that (he/she) had breast cancer?

YES..... 1
 NO..... 2 (B57)
 DK..... -8 (B57)

NOTE: IF BREAST CANCER REPORTED IN PREVIOUS INTERVIEW (LBRSTCAN = 1) AND THE RESPONSE TO B55 IS NO (B55 = 2) THE CATI PROGRAM WILL RECODE B55 TO "96" AND THEN GO TO B57.

B56. In what year was (he/she) first told by a doctor that (he/she) had breast cancer?

YEAR: 19 |__|__|

B57. Did a doctor ever tell (SUBJECT) that (he/she) had skin cancer?

YES..... 1
 NO..... 2 (BOX B-14)
 DK..... -8 (BOX B-14)

NOTE: IF SKIN CANCER REPORTED IN PREVIOUS INTERVIEW (LSKNCAN = 1) AND THE RESPONSE TO B57 IS NO (B57 = 2) THE CATI PROGRAM WILL RECODE B57 TO "96" AND THEN GO TO BOX B-14.

B58. Concerning (his/her) skin cancer, was it malignant melanoma or some other type?

	YES	NO	DK
a. MALIGNANT MELANOMA.....	1	2	-8
b. SOME OTHER TYPE.....	1	2	-8

BOX B-12	
MALIGNANT MELANOMA CHECK:	
MALIGNANT MELANOMA REPORTED IN CURRENT INTERVIEW (B58a = 1).....	CONTINUE
ALL OTHERS.....	GO TO BOX B-13

B59. In what year was (he/she) first told that (he/she) had malignant melanoma?

YEAR: 19 |__|__|

B60. Since (1987/1985/1980/1970), was (he/she) hospitalized for malignant melanoma? [PROBE: Was (he/she) there for more than a day?]

YES..... 1 (CHART)
 NO..... 2

BOX B-13	
OTHER TYPE OF SKIN CANCER CHECK:	
SOME OTHER TYPE OF SKIN CANCER REPORTED IN CURRENT INTERVIEW (B58b = 1) OR SKIN CANCER TYPE IS UNKNOWN (B58a = -8 OR B58b = -8).....	
	CONTINUE
ALL OTHERS.....	
	GO TO BOX B-14

B61. In what year was (he/she) first told that (he/she) had skin cancer (other than malignant melanoma)?

YEAR: 19 |__|__|

B62. How many times had (he/she) been told by a doctor that (he/she) had skin cancer (other than malignant melanoma)?

NUMBER OF TIMES: |__|__|

B63. Since (1987/1985/1980/1970), was (he/she) hospitalized for skin cancer (other than malignant melanoma)? [PROBE: Was (he/she) there for more than a day?]

YES 1 (CHART)
 NO..... 2

BOX B-14	
OTHER CANCER CHECK:	
CANCER REPORTED IN PREVIOUS INTERVIEW (LCANCER = 1 OR LBRSTCAN = 1).....	
	CONTINUE
ALL OTHERS.....	
	GO TO B65

B64. Since (MONTH/YEAR), had (SUBJECT) had any type of cancer diagnosed, (other than skin cancer/other than the cancer we talked about)?

YES 1 (B67)
 NO..... 2 (B66)
 DK..... -8 (B66)
 REFUSED..... -7 (BOX B-14a)

B65. Did a doctor ever tell (SUBJECT) that (he/she) had cancer of any sort (other than skin cancer/other than the cancer we talked about)?

YES 1 (B67)
 NO..... 2 (BOX B-14a)
 DK..... -8 (BOX B-14a)

B66. Since (1987/1985/1980/1970), was (he/she) hospitalized for any cancer condition (other than skin cancer)? [PROBE: Was (he/she) there for more than a day?]

YES 1 (CHART, THEN GO TO BOX B-14a)
 NO..... 2 (BOX B-14a)

ASK B67 - B69 FOR EACH DIAGNOSIS	1ST DIAGNOSIS	2ND DIAGNOSIS	3RD DIAGNOSIS
<p>B67. Where was the cancer or what type of cancer was it? [PROBE: Did (he/she) have any other cancer diagnosed] [since (MONTH/YEAR)]?</p>	<p>LUNG _____ 1 BREAST _____ 2 LARGE BOWEL COLON _____ 3 RECTUM _____ 4 PANCREAS _____ 5 BLADDER _____ 6 PROSTATE _____ 7 UTERUS CERVIX _____ 8 ENDOMETRIUM OR CORPUS _____ 9 LEUKEMIA _____ 10 NON-HODGKIN'S LYMPHOMA _____ 11 STOMACH _____ 12 OVARY _____ 13 KIDNEY _____ 14 OTHER (SPECIFY) _____ 01</p> <p>SITE: _____ OR TYPE: _____</p>	<p>LUNG _____ 1 BREAST _____ 2 LARGE BOWEL COLON _____ 3 RECTUM _____ 4 PANCREAS _____ 5 BLADDER _____ 6 PROSTATE _____ 7 UTERUS CERVIX _____ 8 ENDOMETRIUM OR CORPUS _____ 9 LEUKEMIA _____ 10 NON-HODGKIN'S LYMPHOMA _____ 11 STOMACH _____ 12 OVARY _____ 13 KIDNEY _____ 14 OTHER (SPECIFY) _____ 01</p> <p>SITE: _____ OR TYPE: _____</p>	<p>LUNG _____ 1 BREAST _____ 2 LARGE BOWEL COLON _____ 3 RECTUM _____ 4 PANCREAS _____ 5 BLADDER _____ 6 PROSTATE _____ 7 UTERUS CERVIX _____ 8 ENDOMETRIUM OR CORPUS _____ 9 LEUKEMIA _____ 10 NON-HODGKIN'S LYMPHOMA _____ 11 STOMACH _____ 12 OVARY _____ 13 KIDNEY _____ 14 OTHER (SPECIFY) _____ 01</p> <p>SITE: _____ OR TYPE: _____</p>
<p>B68. In what year was (he/she) first told that (he/she) had (CANCER)?</p>	<p>YEAR: 19 __ __ </p>	<p>YEAR: 19 __ __ </p>	<p>YEAR: 19 __ __ </p>
<p>B69. Since (1987/1985/1980/1970), was (he/she) hospitalized for (CANCER)? [PROBE: Was (he/she) there for more than a day?]</p>	<p>YES 1 (CHART) NO 2</p>	<p>YES 1 (CHART) NO 2</p>	<p>YES 1 (CHART) NO 2</p>

B70. Now I have a few questions about the health of some of (SUBJECT'S) blood relatives. I am only interested in (his/her) relatives who are related by blood. Do not include adopted or foster relatives. I will be asking about (his/her) mother, (his/her) father, any sisters and brothers (he/she) had, and any children.

In the last 10 years, have any of these relatives been told by a doctor that they have cancer?

YES..... 1
 NO..... 2 (BOX B-15)
 DK..... -8 (BOX B-15)

ASK B71 - B73 FOR EACH RELATIVE	1ST RELATIVE	2ND RELATIVE	3RD RELATIVE
B71. What relation to (SUBJECT) were any blood relatives who had cancer during the last 10 years?	<p>RELATIONSHIP</p> <p>_____</p> <p>RELATIONSHIP:</p> <p>FATHER..... 1</p> <p>MOTHER..... 2</p> <p>BROTHER..... 3</p> <p>SISTER..... 4</p> <p>SON..... 5</p> <p>DAUGHTER..... 6</p>	<p>RELATIONSHIP</p> <p>_____</p> <p>RELATIONSHIP:</p> <p>FATHER..... 1</p> <p>MOTHER..... 2</p> <p>BROTHER..... 3</p> <p>SISTER..... 4</p> <p>SON..... 5</p> <p>DAUGHTER..... 6</p>	<p>RELATIONSHIP</p> <p>_____</p> <p>RELATIONSHIP:</p> <p>FATHER..... 1</p> <p>MOTHER..... 2</p> <p>BROTHER..... 3</p> <p>SISTER..... 4</p> <p>SON..... 5</p> <p>DAUGHTER..... 6</p>
B72. What is (his/her) first name?	<p>_____</p> <p>FIRST NAME</p>	<p>_____</p> <p>FIRST NAME</p>	<p>_____</p> <p>FIRST NAME</p>
B73. Where was the cancer or what type of cancer was it? [PROBE: Has (he/she) had any other cancer diagnosed?] [ENTER ALL THAT APPLY]	<p>LUNG..... 1</p> <p>BREAST..... 2</p> <p>LARGE BOWEL</p> <p>COLON..... 3</p> <p>RECTUM..... 4</p> <p>PANCREAS..... 5</p> <p>BLADDER..... 6</p> <p>PROSTATE..... 7</p> <p>UTERUS</p> <p>CERVIX..... 8</p> <p>ENDOMETRIUM OR CORPUS... 9</p> <p>LEUKEMIA..... 10</p> <p>NON-HODGKIN'S LYMPHOMA... 11</p> <p>STOMACH..... 12</p> <p>OVARY..... 13</p> <p>KIDNEY..... 14</p> <p>SKIN</p> <p>MELANOMA..... 15</p> <p>NON-MELANOMA..... 16</p> <p>NON-SPECIFIED..... 17</p> <p>OTHER (SPECIFY)..... 01</p> <p>SITE: _____</p> <p>OR</p> <p>TYPE: _____</p>	<p>LUNG..... 1</p> <p>BREAST..... 2</p> <p>LARGE BOWEL</p> <p>COLON..... 3</p> <p>RECTUM..... 4</p> <p>PANCREAS..... 5</p> <p>BLADDER..... 6</p> <p>PROSTATE..... 7</p> <p>UTERUS</p> <p>CERVIX..... 8</p> <p>ENDOMETRIUM OR CORPUS... 9</p> <p>LEUKEMIA..... 10</p> <p>NON-HODGKIN'S LYMPHOMA... 11</p> <p>STOMACH..... 12</p> <p>OVARY..... 13</p> <p>KIDNEY..... 14</p> <p>SKIN</p> <p>MELANOMA..... 15</p> <p>NON-MELANOMA..... 16</p> <p>NON-SPECIFIED..... 17</p> <p>OTHER (SPECIFY)..... 01</p> <p>SITE: _____</p> <p>OR</p> <p>TYPE: _____</p>	<p>LUNG..... 1</p> <p>BREAST..... 2</p> <p>LARGE BOWEL</p> <p>COLON..... 3</p> <p>RECTUM..... 4</p> <p>PANCREAS..... 5</p> <p>BLADDER..... 6</p> <p>PROSTATE..... 7</p> <p>UTERUS</p> <p>CERVIX..... 8</p> <p>ENDOMETRIUM OR CORPUS... 9</p> <p>LEUKEMIA..... 10</p> <p>NON-HODGKIN'S LYMPHOMA... 11</p> <p>STOMACH..... 12</p> <p>OVARY..... 13</p> <p>KIDNEY..... 14</p> <p>SKIN</p> <p>MELANOMA..... 15</p> <p>NON-MELANOMA..... 16</p> <p>NON-SPECIFIED..... 17</p> <p>OTHER (SPECIFY)..... 01</p> <p>SITE: _____</p> <p>OR</p> <p>TYPE: _____</p>

BOX B-15	
CAN RESPONDENT ANSWER MORE QUESTIONS ABOUT SUBJECT'S HEALTH?	
YES.....	1
NO.....	2 (B130)

B74 AND B75 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

Now I have some more questions concerning (SUBJECT'S) health.

B76. Was (SUBJECT) ever told by the doctor that (he/she) had a broken or fractured hip?

- YES 1
- NO..... 2 (BOX B-16)
- DK..... -8 (BOX B-16)

NOTE: IF BROKEN HIP REPORTED IN PREVIOUS INTERVIEW (LBROKHIP = 1) AND THE RESPONSE TO B76 IS NO (B76 = 2) THE CATI PROGRAM WILL RECODE B76 TO "96" AND THEN GO TO BOX B-16.

B77. In what year was (he/she) first told that (he/she) had a broken or fractured hip?

YEAR: 19 |__|__|

B78. Has (he/she) had an additional fractured hip since then?

- YES 1
- NO..... 2 (B80)
- DK..... -8 (B80)

B79. In what year did (he/she) have that break or fracture of (his/her) hip? [PROBE: Did (he/she) have another fractured hip since then? PROBE FOR ALL YEARS.]

YEAR: 19 |__|__|

YEAR: 19 |__|__|

YEAR: 19 |__|__|

YEAR: 19 |__|__|

B80. Since (1987/1985/1980/1970), was (he/she) hospitalized for a broken or fractured hip? [PROBE: Was (he/she) there for more than a day?]

- YES 1 (CHART)
- NO..... 2

BOX B-16	
OSTEOPOROSIS CHECK:	
OSTEOPOROSIS REPORTED IN PREVIOUS	
INTERVIEW (LOSTEO = 1).....	GO TO B86
ALL OTHERS.....	CONTINUE

B81. Did a doctor ever tell (SUBJECT) that (he/she) had osteoporosis?

YES 1
 NO..... 2 (B86)
 DK..... -8 (B86)

B82. In what year was (he/she) first told that (he/she) had osteoporosis?

YEAR: 19 |__|__|

B83 THROUGH B85 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B86. The next few questions are about falls. I'm interested in falls where (SUBJECT) fell and landed on the floor or ground or hit an object like a table or stair. In the year prior to (SUBJECT'S) death, did (he/she) have this kind of fall?

YES 1
 NO..... 2 (B90)
 DK..... -8 (B90)

B87 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B88. Did [this fall/any of these falls] ...

	YES	NO
a. cause a broken bone?	1	2
b. cause (him/her) to hit or injure (his/her) head?	1	2
c. cause (him/her) to seek medical care?	1	2

B89. In the year prior to (SUBJECT'S) death, was (he/she) hospitalized for [this fall/any of these falls]? [PROBE: Was (he/she) there for more than a day?]

YES 1 (CHART)
 NO..... 2

B90. Since (1987/1985/1980/1970), was (SUBJECT) hospitalized for pneumonia, bronchitis, or the flu? [PROBE: Was (he/she) there for more than a day?]

YES 1 (CHART)
 NO..... 2

BOX B-17	
KIDNEY DISORDER CHECK:	
KIDNEY DISEASE OR KIDNEY STONES REPORTED IN	
PREVIOUS INTERVIEW (LKIDNEY = 1)	CONTINUE
ALL OTHERS	GO TO B92

B91. Since (MONTH/YEAR) did (SUBJECT) have a kidney disorder or kidney stone(s)? Please do not include kidney infections.

YES..... 1 (BOX B-18)
 NO..... 2 (BOX B-18)

B92. Had (SUBJECT) ever been told by the doctor that (he/she) had a kidney disorder or kidney stones? Please do not include kidney infections.

YES..... 1
 NO..... 2 (BOX B-18)
 DK..... -8 (BOX B-18)

B93. What year was (he/she) first told (he/she) had a kidney disorder or kidney stones?

YEAR: 19 |__|__|

BOX B-18	
URINARY TRACT/KIDNEY INFECTION STATUS:	
URINARY TRACT/KIDNEY INFECTION REPORTED IN	
PREVIOUS INTERVIEW (LUUTI = 1)	CONTINUE
ALL OTHERS	GO TO B95

B94. Since (MONTH/YEAR) had (SUBJECT) had a urinary tract or kidney infection?

YES..... 1 (BOX B-19)
 NO..... 2 (BOX B-19)

B95. Had (he/she) ever been told by a doctor that (he/she) had a urinary tract or kidney infection more than three times?

YES..... 1
 NO..... 2 (BOX B-19)
 DK..... -8 (BOX B-19)

B96. What year was (he/she) first told that (he/she) had a urinary tract or kidney infection?

YEAR: 19 |__|__|

BOX B-19	
KIDNEY DISORDER/URINARY TRACT INFECTION CHECK:	
CURRENT REPORT OF KIDNEY DISORDER/KIDNEY STONES	
(B91 = 1 OR B92 = 1) OR URINARY TRACT INFECTION/ KIDNEY INFECTION (B94 = 1 OR B95 = 1)	
	CONTINUE
ALL OTHERS.....	GO TO B98

B97. Since (1967/1965/1980/1970), was (SUBJECT) hospitalized for a kidney condition or urinary tract infection? [PROBE: Was (he/she) there for more than one day?]

YES..... 1 (CHART)
NO..... 2

B98. Had (SUBJECT) ever been told by a doctor that (he/she) had a hernia or rupture?

YES..... 1
NO..... 2 (BOX B-22)
DK..... -8 (BOX B-22)

B99. Concerning (his/her) hernia, was this a hiatal hernia of the diaphragm, a hernia or rupture of the groin, or some other type of hernia or rupture? [PROBE WITH CATEGORIES IF NECESSARY.]

	YES	NO	DK
a. HIATAL HERNIA.....	1	2	-8
b. HERNIA OR RUPTURE OF THE GROIN (INGUINAL HERNIA).....	1	2	-8
c. SOME OTHER TYPE OF HERNIA OR RUPTURE (SPECIFY).....	1	2	-8

BOX B-20	
HERNIA TYPE:	
GROIN HERNIA (B99b = 1).....	
	CONTINUE
ALL OTHERS.....	GO TO BOX B-21

B100. In what year was (he/she) first told that (he/she) had a hernia or rupture of the groin?

YEAR: 19 | | |

B101. Did (SUBJECT) ever have surgery for a hernia of the groin?

YES..... 1
NO..... 2 (BOX B-21)
DK..... -8 (BOX B-21)

B102. In what year did any surgery for a hernia of the groin occur? [PROBE FOR ALL YEARS]

YEAR: 19 |__|__|

YEAR: 19 |__|__|

YEAR: 19 |__|__|

YEAR: 19 |__|__|

BOX B-21	
HERNIA TYPE:	
OTHER HERNIA (B99c = 1) OR ALL DON'T KNOW (B99a-c = -8).....	CONTINUE
ALL OTHERS.....	GO TO BOX B-22

B103. In what year was (he/she) first told that (he/she) had (some other type of/a) hernia or rupture?

YEAR: 19 |__|__|

BOX B-22	
CATARACTS CHECK:	
CATARACTS REPORTED IN PREVIOUS INTERVIEW (LCATRACT = 1).....	CONTINUE
ALL OTHERS.....	GO TO B105

BOX B-23	
CATARACT SURGERY CHECK:	
CATARACT SURGERY REPORTED IN PREVIOUS INTERVIEW (LCATSURG = 1).....	CONTINUE
ALL OTHERS.....	GO TO B105

B104. Since (MONTH/YEAR) did (he/she) have cataract surgery?

YES..... 1 (B107)
 NO..... 2 (B111)
 DK..... -8 (B111)

B105. Did a doctor ever tell (SUBJECT) that (he/she) had cataracts?

YES..... 1
 NO..... 2 (B111)
 DK..... -8 (B111)

B106. Did (he/she) ever have surgery for cataracts?

YES..... 1
 NO..... 2 (B111)
 DK..... -8 (B111)

B107. What year did (he/she) have (his/her) cataract surgery? [PROBE: Did (he/she) have any other cataract surgery? RECORD ALL YEARS.]

YEAR: 19 |__|__|
 YEAR: 19 |__|__|

B108. Since (1987/1985/1980/1970), was (he/she) hospitalized for more than one day for cataract surgery?

YES..... 1 (CHART)
 NO..... 2

B109 AND B110 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B111. (I have recorded that (SUBJECT) was hospitalized (READ DATES, CONDITIONS AND FACILITY NAMES FROM CHART).)

Now, I would like you to think back over the time between (1987/1985/1980/1970) and the time (SUBJECT) died. (He/She) would have been about (AGE) in (1987/1985/1980/1970). Did (he/she) stay in a hospital for any (other) reason including surgery, tests or for observation since (he/she) was (AGE)? [PROBE: Was (he/she) there for more than a day?]

YES..... 1
 NO..... 2 (BOX B-24)
 DK..... -8 (BOX B-24)

ASK B112 AND THEN B113 FOR EACH CONDITION	CONDITION 1	CONDITION 2	CONDITION 3
B112. For what condition was that? [PROBE: Did (he/she) have any other hospitalizations since (1987/1985/1980/1970)?] [GO TO CHART AFTER CODING CONDITION.]	TESTS AND/OR OBSERVATION 1 DIGESTIVE/ULCERS PROBLEMS 2 RESPIRATORY/BREATHING PROBLEMS 3 INFECTIONS 4 SURGERY FOR OTHER CONDITIONS 5 OTHER (SPECIFY) 91 _____ _____ (CHART)	TESTS AND/OR OBSERVATION 1 DIGESTIVE/ULCERS PROBLEMS 2 RESPIRATORY/BREATHING PROBLEMS 3 INFECTIONS 4 SURGERY FOR OTHER CONDITIONS 5 OTHER (SPECIFY) 91 _____ _____ (CHART)	TESTS AND/OR OBSERVATION 1 DIGESTIVE/ULCERS PROBLEMS 2 RESPIRATORY/BREATHING PROBLEMS 3 INFECTIONS 4 SURGERY FOR OTHER CONDITIONS 5 OTHER (SPECIFY) 91 _____ _____ (CHART)
B113. [INTERVIEWER FILL IN THE YEAR OF THIS ADMISSION FROM HOSPITAL CHART.]	MONTH: __ __ DAY: __ __ YEAR: __ __ SPECIFY: _____ _____	MONTH: __ __ DAY: __ __ YEAR: __ __ SPECIFY: _____ _____	MONTH: __ __ DAY: __ __ YEAR: __ __ SPECIFY: _____ _____

BOX B-24

LAST/MOST RECENT RESIDENCE:

RESIDING IN NURSING HOME (A1 = 2) GO TO B116

ALL OTHERS CONTINUE

B114. Since (1987/1985/1980/1970), had (SUBJECT) ever stayed in a rest home, a nursing home, a mental health facility, or anything like that? [PROBE: Was (he/she) there for more than a day?]

YES 1 (B116)

NO 2

DK -8 (B125)

BOX B-25

PREVIOUS RESIDENCE:

IN NURSING HOME IN MOST RECENT INTERVIEW (LNURSING = 1) CONTINUE

ALL OTHERS GO TO B125

B115. Was (he/she) staying in a rest home, a nursing home, a mental health facility, or anything like that in (YEAR OF LAST INTERVIEW)?

YES 1

NO 2 (B125)

DK -8 (B125)

	ADMISSION 1	ADMISSION 2	ADMISSION 3
B116. [FOR FIRST ADMISSION: IF IN A NURSING HOME AT DEATH (A1 = 2), CODE AS "1" AND GO TO B117 WITHOUT ASKING B116] To what type of place was (the most recent/ this admission)?	NURSING HOME/ REST HOME..... 1 MENTAL HEALTH FACILITY..... 2 HEALTH CARE REHABILITATION CENTER..... 3 OTHER (SPECIFY) 91 _____	NURSING HOME/ REST HOME..... 1 MENTAL HEALTH FACILITY..... 2 HEALTH CARE REHABILITATION CENTER..... 3 OTHER (SPECIFY) 91 _____	NURSING HOME/ REST HOME..... 1 MENTAL HEALTH FACILITY..... 2 HEALTH CARE REHABILITATION CENTER..... 3 OTHER (SPECIFY) 91 _____
B117. Did (SUBJECT) enter the (TYPE OF FACILITY) (that (he/she) was last in) directly from (his/her) own home, from a hospital, or from some other place?	OWN HOME 1 HOSPITAL..... 2 NURSING HOME/ REST HOME..... 3 MENTAL HEALTH FACILITY..... 4 HEALTH CARE REHABILITATION CENTER..... 5 FRIEND/RELATIVE'S HOME 6 OTHER (SPECIFY) 91 _____	OWN HOME 1 HOSPITAL..... 2 NURSING HOME/ REST HOME..... 3 MENTAL HEALTH FACILITY..... 4 HEALTH CARE REHABILITATION CENTER..... 5 FRIEND/RELATIVE'S HOME 6 OTHER (SPECIFY) 91 _____	OWN HOME 1 HOSPITAL..... 2 NURSING HOME/ REST HOME..... 3 MENTAL HEALTH FACILITY..... 4 HEALTH CARE REHABILITATION CENTER..... 5 FRIEND/RELATIVE'S HOME 6 OTHER (SPECIFY) 91 _____
B118. In what year did (he/she) enter the (TYPE OF FACILITY)?	YEAR: 19 __ __	YEAR: 19 __ __	YEAR: 19 __ __

BOX B-26

MENTAL HEALTH FACILITY:
 MENTAL HEALTH FACILITY STAY REPORTED IN THIS
 INTERVIEW (B116 = 2)..... GO TO B121
 ALL OTHERS..... CONTINUE

B119. There are many reasons why people enter a (TYPE OF FACILITY). Please tell me if (SUBJECT) entered the (TYPE OF FACILITY) for any of the following reasons. (ENTER YES OR NO FOR EACH.)	YES NO		YES NO		YES NO	
	Required skilled nursing care?	1	2	1	2	1
Recuperation from surgery?	1	2	1	2	1	2
Needed help with bathing, eating, or dressing?	1	2	1	2	1	2
Required special medical or physical therapy?....	1	2	1	2	1	2
Too confused to live independently?	1	2	1	2	1	2

	ADMISSION 1	ADMISSION 2	ADMISSION 3
B120. Please tell me the name of the disease or medical condition that (he/she) had at the time of admission that affected (his/her) ability to live independently. (ENTER ALL THAT APPLY)	ALZHEIMER'S DISEASE... 1 CANCER 2 DEPRESSION 3 FRAIL/OLD AGE 4 HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS ... 5 INCONTINENCE..... 6 NO MEDICAL CONDITION..... 7 SENILITY..... 8 STROKE..... 9 OTHER DISEASE OR CONDITION (SPECIFY) 91 _____ _____	ALZHEIMER'S DISEASE... 1 CANCER 2 DEPRESSION 3 FRAIL/OLD AGE 4 HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS ... 5 INCONTINENCE..... 6 NO MEDICAL CONDITION..... 7 SENILITY..... 8 STROKE..... 9 OTHER DISEASE OR CONDITION (SPECIFY) 91 _____ _____	ALZHEIMER'S DISEASE... 1 CANCER 2 DEPRESSION 3 FRAIL/OLD AGE 4 HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS ... 5 INCONTINENCE..... 6 NO MEDICAL CONDITION..... 7 SENILITY..... 8 STROKE..... 9 OTHER DISEASE OR CONDITION (SPECIFY) 91 _____ _____
B121. How long did (he/she) stay? (GO TO CHART AFTER CODING LENGTH OF STAY.)	 # OF WEEKS..... 1 MONTHS 2 YEARS..... 3 LESS THAN ONE WEEK.. 95 (CHART)	 # OF WEEKS..... 1 MONTHS 2 YEARS..... 3 LESS THAN ONE WEEK.. 95 (CHART)	 # OF WEEKS..... 1 MONTHS 2 YEARS..... 3 LESS THAN ONE WEEK.. 95 (CHART)
B122. Since (1967/1965/1980/1970) did (he/she) stay in another facility such as a rest home, a nursing home, a mental health facility, a rehabilitation center or any place like that?	YES..... 1 (B116) NO..... 2 DK -8	YES..... 1 (B116) NO..... 2 DK -8	YES..... 1 (B116) NO..... 2 DK -8

BOX B-27 (FOR "ADMISSION 1" COLUMN ONLY)

PREVIOUS RESIDENCE:
 IN NURSING HOME IN MOST RECENT INTERVIEW (LNURSING = 1) AND NOT IN SAME NURSING HOME AT DEATH (A3 = 2)) AND PROBE NOT ALREADY ASKED (B115 ≠ 1)..... CONTINUE
 ALL OTHERS..... GO TO B125

B123. Was (he/she) staying in a rest home, a nursing home, a mental health facility, or anything like that in (YEAR OF LAST INTERVIEW) (other than the one you just told me about)?	YES..... 1 (B116) NO..... 2 DK -8
---	---

B124 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B125. During the month before (SUBJECT'S) death, was there a significant change in (his/her) health?

YES 1
 NO..... 2

B126. During the 12 months prior to that, what was happening to (his/her) health? Had it improved, remained the same, gradually worsened, or suddenly worsened?

IMPROVED 1
 REMAINED THE SAME..... 2
 GRADUALLY WORSENERD 3
 SUDDENLY WORSENERD 4

B127. Did (SUBJECT) die in a hospital or nursing home?

YES 1 (CHART)
 NO..... 2

B128. What was the cause of (SUBJECT'S) death?

HEART ATTACK..... 1
 OTHER HEART CONDITION..... 2
 STROKE, SMALL STROKE, TIA,
 POSSIBLE STROKE..... 3
 DIABETES 4
 HIGH BLOOD PRESSURE 5
 CANCER 6
 KIDNEY CONDITION..... 7
 PNEUMONIA OR FLU..... 8
 OLD AGE 9
 OTHER..... 10 (PART D)
 REFUSED..... -7 (PART D)
 DK -8 (PART D)

B129. Did a doctor say that (CONDITION) was the cause of death?

YES 1 (PART D)
 NO..... 2 (PART D)

B130. [I have recorded that (SUBJECT) was hospitalized (READ DATES, CONDITIONS AND FACILITY NAMES FROM CHART).] Now, I would like you to think back over the time between (1987/1985/1980/1970) and the time (SUBJECT) died. (He/She) would have been about (AGE) in (1987/1985/1980/1970). Did (he/she) stay in a hospital for any (other) reason including surgery, tests, or for observation since (he/she) was (AGE)? [PROBE: Was (he/she) there for more than a day?]

YES 1 (CHART)
NO 2

B131. Since (1987/1985/1980/1970), had (SUBJECT) ever stayed in a rest home, a nursing home, a mental health facility, or anything like that? [PROBE: Was (he/she) there for more than a day?]

YES 1 (CHART)
NO 2

B132. Did (SUBJECT) die in a hospital or nursing home?

YES 1 (CHART)
NO 2

B133. What was the cause of (SUBJECT'S) death?

HEART ATTACK 1
OTHER HEART CONDITION 2
STROKE, TIA, SMALL STROKE,
POSSIBLE STROKE 3
DIABETES 4
HIGH BLOOD PRESSURE 5
CANCER 6
KIDNEY CONDITION 7
PNEUMONIA OR FLU 8
OLD AGE 9
OTHER 10
DK -8

TIME ENDED: _____ AM / PM

PART C NOT ASKED THIS VERSION.

PART D: SMOKING AND ALCOHOLIC BEVERAGES

TIME BEGAN: _____ AM / PM

These next few questions are about (SUBJECT'S) smoking and drinking habits.

BOX D-1	
RESPONDENT'S RELATIONSHIP TO SUBJECT:	
RESPONDENT IS A RELATIVE	GO TO D1
ALL OTHERS	CONTINUE

D0. Do you think you can answer questions about (SUBJECT'S) smoking and drinking habits?

- YES 1
- NO 2 (PART G)
- REFUSED -7 (PART G)
- DK -8

D1. Did (SUBJECT) ever smoke at least 100 cigarettes in (his/her) lifetime?

- YES 1
- NO 2 (D11)
- DK -8 (D11)

NOTE: IF SMOKING REPORTED IN PREVIOUS INTERVIEW (LSMOKER = 1) AND THE RESPONSE TO D1 IS NO (D1 = 2) THE CATI PROGRAM WILL RECODE D1 TO "96" AND THEN GO TO D11.

D2. During the year prior to (his/her) death, did (he/she) smoke cigarettes?

- YES 1
- NO 2 (D5)
- DK -8 (D11)

D3. About how many cigarettes a day did (he/she) smoke? [IF ANSWER IS NUMBER OF PACKS, MULTIPLY BY 20 AND VERIFY.]

NUMBER OF CIGARETTES: |__|__|__|
 LESS THAN ONE A DAY 995

D4. For how many years did (he/she) smoke cigarettes?

NUMBER OF YEARS: |__|__| (D11)

D5. When did (he/she) stop smoking cigarettes?

MONTH: |__|__|
 AND
 YEAR: 19 |__|__|

D6. During the years when (he/she) was smoking, about how many cigarettes a day did (he/she) smoke? [IF ANSWER IS NUMBER OF PACKS, MULTIPLY BY 20 AND VERIFY.]

NUMBER OF CIGARETTES: |__|__|__|
LESS THAN ONE A DAY 995

D7. For how many years did (he/she) smoke cigarettes?

NUMBER OF YEARS: |__|__| (D11)

D8 THROUGH D10 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

D11. Now I would like to talk to you about drinking beer, or wine, or liquor. Did (SUBJECT) have at least one drink of beer, or wine, or liquor during the year prior to (his/her) death?

YES 1
NO 2 (PART G)
DK -8 (PART G)

D12. During the year prior to (SUBJECT'S) death, how often did (he/she) drink beer?

NUMBER OF DAYS: |__|__| PER: WEEK 1
MONTH 2
4-11 DAYS PER YEAR 94
1-3 DAYS PER YEAR 95
NONE 00 (D14)
REFUSED -7 (D14)
DK -8

D13. On the days (he/she) drank beer, how many cans, bottles or glasses did (he/she) drink?

NUMBER OF DRINKS: |__|__|
LESS THAN ONE DRINK 95

D14. During the year prior to (SUBJECT'S) death, how often did (he/she) drink wine?

NUMBER OF DAYS: |__|__| PER: WEEK 1
MONTH 2
4-11 DAYS PER YEAR 94
1-3 DAYS PER YEAR 95
NONE 00 (D16)
REFUSED -7 (D16)
DK -8

D15. On the days (he/she) drank wine, how many glasses did (he/she) drink?

NUMBER OF DRINKS: |_|_|
 LESS THAN ONE DRINK..... 95

D16. During the year prior to (SUBJECT'S) death, how often did (he/she) drink liquor?

NUMBER OF DAYS: |_|_| PER: WEEK..... 1
 MONTH..... 2
 4-11 DAYS PER YEAR..... 94
 1-3 DAYS PER YEAR..... 95
 NONE..... 00 (PART G)
 REFUSED..... -7 (PART G)
 DK..... -8

D17. On the days (he/she) drank liquor, how many drinks did (he/she) have?

NUMBER OF DRINKS: |_|_|
 LESS THAN ONE DRINK..... 95

TIME ENDED: _____ AM / PM

PARTS E AND F NOT ASKED.

PART G: FEMALE MEDICAL HISTORY

TIME BEGAN: _____ AM / PM

BOX G-1	
SEX OF SUBJECT:	
MALE (<i>LSSEX = 1</i>)	GO TO PART H
ALL OTHERS.....	CONTINUE

The next few questions are about (SUBJECT's) reproductive and menstrual history.

BOX G-2	
RESPONDENT'S RELATIONSHIP TO SUBJECT:	
RESPONDENT IS A RELATIVE	GO TO BOX G-3
ALL OTHERS.....	CONTINUE

G0. Do you think you can answer questions about (SUBJECT'S) reproductive and menstrual history?

- YES 1
- NO..... 2 (PART H)
- REFUSED..... -7 (PART H)
- DK -8

BOX G-3	
AGE OF SUBJECT AT LAST INTERVIEW:	
NEVER INTERVIEWED (<i>LINTSTAT = BLANK</i>).....	GO TO G1
PREVIOUSLY INTERVIEWED (<i>LINTSTAT <> BLANK</i>) AND UNDER AGE 45 AT LAST INTERVIEW (<i>LNAGE < 045</i>).....	CONTINUE
ALL OTHERS.....	GO TO BOX G-4a

BOX G-4	
PREGNANCY AND UTERUS STATUS AT LAST INTERVIEW:	
NEVER PREGNANT (<i>LPREG = 2</i>) AND UTERUS INTACT (<i>LUTERUS = 2</i>).....	CONTINUE
PREVIOUSLY PREGNANT (<i>LPREG = 1</i>) AND UTERUS INTACT (<i>LUTERUS = 2</i>).....	GO TO G6
ALL OTHERS.....	GO TO BOX G-4a

G1. Was (SUBJECT) ever pregnant? Include live births, stillbirths, miscarriages or abortions.

YES 1
 NO 2 (BOX G-4a)
 DK -8 (BOX G-4a)

G2 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G3. How old was she when her first child was born? This means the first child born alive or stillborn.

AGE IN YEARS: |__|__|
 HAD NO BIRTHS 00 (G8)
 DK -8

G4 AND G5 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G6. How old was she when her last child was born? Include stillbirths.

AGE IN YEARS: |__|__|
 ONLY ONE BIRTH 95
 HAD NO BIRTHS 00 (G8)
 DK -8

G7. How many live births did (SUBJECT) have?

NUMBER OF LIVE BIRTHS: |__|__|

G8. Did she ever have a miscarriage?

YES 1
 NO 2 (BOX G-4a)
 DK -8 (BOX G-4a)

G9. How many miscarriages did she have?

NUMBER OF MISCARRIAGES: |__|__|

BOX G-4a	
UTERUS STATUS AT LAST INTERVIEW:	
UTERUS REMOVED (LUTERUS = 1) AND AGE WHEN REMOVED IS KNOWN (LUTERAGE = 1)	GO TO G12
ALL OTHERS	CONTINUE

G10. At the time of her death, did (SUBJECT) still have her uterus or womb?

YES 1 (G12)
 NO..... 2
 DK.....-8 (G12)

NOTE: IF WOMB REPORTED REMOVED IN PREVIOUS INTERVIEW (LUTERUS = 1) AND THE RESPONSE TO G10 IS YES (G10 = 1) THE CATI PROGRAM WILL RECODE G10 TO "96" AND THEN GO TO G12

G11. How old was she when her uterus or womb was removed?

AGE: |__|__|

G12. At the time of her death, did she still have both of her ovaries?

YES 1 (G19)
 NO..... 2
 DK.....-8 (G19)

NOTE: IF IN PREVIOUS INTERVIEW BOTH OVARIES WERE REMOVED (LOVARIES = 1) OR ONE OVARY WAS REMOVED (LONEOVAR = 1) AND THE RESPONSE TO G12 IS YES (G12 = 1) THE CATI PROGRAM WILL RECODE G12 TO "96" AND THEN GO TO G19.

G13. Did she still have one ovary?

YES 1
 NO..... 2

NOTE: IF IN PREVIOUS INTERVIEW BOTH OVARIES WERE REMOVED (LOVARIES = 1) AND THE RESPONSE TO G13 IS YES (G13 = 1) THE CATI PROGRAM WILL RECODE G13 TO "96."

BOX G-5	
CHANGE IN OVARY STATUS:	
ONE OVARY REMOVED IN PREVIOUS INTERVIEW (LONEOVAR = 1) AND BOTH OVARIES REMOVED CURRENTLY (G13 = 2)	GO TO G14
ALL OTHERS.....	CONTINUE

BOX G-6	
AGE WHEN OVARIES REMOVED STATUS:	
AGE WHEN LAST OVARY REMOVED IS KNOWN (LOVARAGE = 1).....	GO TO G19
ALL OTHERS.....	CONTINUE

G14. How old was she when her (ovary/last ovary) was removed?

AGE: |__|__|

G15 THROUGH G18 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G19. Did (SUBJECT) ever take female hormone pills such as estrogen or premarin for reasons related to menopause or the change of life such as hot flashes, mood changes or bone loss?

- YES..... 1
- NO..... 2 (G27)
- DON'T KNOW TYPE OF PILL..... 3
- DK..... -8 (G27)

NOTE: IF HORMONE USE REPORTED IN PREVIOUS INTERVIEW (LHORMONE = 1) AND THE RESPONSE TO G19 IS NO (G19 = 2) THE CATI PROGRAM WILL RECODE G19 TO "96" AND THEN GO TO G27.

G20 THROUGH G22 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G23. What is the longest period of time that she continuously took them? That is, without stopping for at least one month.

- |__|__| {AND |__|__|}:
- YEARS AND MONTHS..... 1
 - MONTHS..... 2
 - YEARS..... 3
 - LESS THAN ONE MONTH..... 95
 - DK..... -8

G24. Now thinking about the total amount of time she had taken these pills, how many months or years had she actually used them? Please do not include the times when she might have stopped taking the pill for at least one month.

- |__|__| {AND |__|__|}:
- YEARS AND MONTHS..... 1
 - MONTHS..... 2
 - YEARS..... 3
 - LESS THAN ONE MONTH..... 95
 - DK..... -8

G25 AND G26 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G27. Did (SUBJECT) ever use an estrogen or hormone skin patch?

- YES 1
- NO..... 2 (BOX G-7)
- DK..... -8 (BOX G-7)

G28. How old was she when she first used an estrogen or hormone skin patch?

AGE IN YEARS: |__|__|

G29 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G30. How old was she when she last used an estrogen or hormone skin patch?

AGE IN YEARS: |__|__|

G31 THROUGH G35 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

BOX G-7	
BIRTH CONTROL USAGE AT LAST INTERVIEW:	
POST-MENOPAUSAL AT LAST COMPLETE INTERVIEW	
(LMENSTAT = 1)	GO TO BOX G-9
ALL OTHERS.....	CONTINUE

G36. Did (SUBJECT) ever take birth control pills for any reason?

- YES 1
- NO..... 2 (BOX G-9)
- DK..... -8 (BOX G-9)

NOTE: IF ORAL CONTRACEPTIVE USE REPORTED IN PREVIOUS INTERVIEW (LORALCON = 1) AND THE RESPONSE TO G36 IS NO (G36 = 2) THE CATI PROGRAM WILL RECODE G36 TO "96" AND THEN GO TO BOX G-9.

G37. How old was she when she first took birth control pills?

AGE: |__|__|

BOX G-8	
MENSTRUAL STATUS:	
AT TIME OF DEATH SUBJECT HAD NO UTERUS (G10 = 2)	
OR SUBJECT HAD NO OVARIES (G13 = 2).....	GO TO G39
ALL OTHERS.....	CONTINUE

G38. In the year prior to her death, was she taking birth control pills?

- YES..... 1 (G40)
- NO..... 2
- DK..... -8 (G40)

G39. How old was she when she last took birth control pills?

- AGE: |__|__|
- DK..... -8

G40. What is the longest period of time that she continuously took (birth control pills/these pills)? That is, without stopping for at least one month.

- |__|__| [AND |__|__|]:
- YEARS AND MONTHS 1
- MONTHS 2
- YEARS..... 3
- LESS THAN ONE MONTH..... 95

G41. Now thinking about the total amount of time she had taken these pills, how many months or years had she actually used them? Please do not include the times when she might have stopped taking the pill for at least one month.

- |__|__| [AND |__|__|]:
- YEARS AND MONTHS 1
- MONTHS 2
- YEARS..... 3
- LESS THAN ONE MONTH..... 95

G42 THROUGH G44 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

BOX G-9	
STERILIZATION STATUS:	
PREVIOUSLY STERILIZED (LFEMSTER = 1).....	GO TO PART H
ALL OTHERS.....	CONTINUE

G45. Did (SUBJECT) ever have an operation to be sterilized also known as a tubal ligation or having your tubes tied?

YES..... 1
NO..... 2 (PART H)
DK..... -8 (PART H)

G46. How old was she when she had this procedure?

AGE: |__|__|

G47 THROUGH G49 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

TIME ENDED: _____ AM / PM

**PART H: DEATH CERTIFICATE/SOCIAL SECURITY/MEDICARE NUMBER
AND CLOSING STATEMENTS**

TIME BEGAN: _____ AM / PM

QUESTIONS WHICH WERE ALREADY ASKED AT THE BEGINNING OF THE INTERVIEW WILL NOT BE ASKED AGAIN.

Before finishing the interview, I have a few questions about (SUBJECT'S) background (and health insurance status).

BOX H-1	
AGE CHECK:	
S WAS UNDER 62 (NAGE < 062).....	GO TO BOX H-3
ALL OTHERS.....	CONTINUE

BOX H-1a	
MEDICARE NUMBER AND SOCIAL SECURITY NUMBER CHECK:	
S'S MEDICARE NUMBER IS NOT VALID (LMEDICAR ≠ 1) AND	
S'S SOCIAL SECURITY NUMBER IS NOT VALID (LSSN ≠ 1)	CONTINUE
ALL OTHERS.....	GO TO BOX H-2

H1ALT. Medicare is a social security health insurance program for persons 65 years old or older and for certain disabled persons. People who are covered by Medicare have a red, white and blue Medicare card. Was (SUBJECT) covered by Medicare?

YES..... 1
 NO..... 2 (BOX H-3)
 DK..... -8 (BOX H-3)

H2ALT. As part of this survey, I'd like to have (SUBJECT'S) Medicare and Social Security numbers. This information is voluntary and is collected under the authority of the Public Health Service Act. (There will be no effect on any benefits that are being received whether or not you decide to provide the numbers). This information will be used in conducting future followup studies. It will also be used to obtain health care facility data from Medicare records and location and vital status data from state vital statistics, Medicare and Social Security records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (SUBJECT'S) health insurance claim number on (his/her) Medicare Card? [READ IF NECESSARY: I'll wait while you get (his/her) Medicare Card.]

MEDICARE NUMBER: |_|_|_|-|_|_|-|_|_|_|_| () ()

H3ALT. What is (SUBJECT'S) Social Security number? [READ IF NECESSARY: I'll wait while you get (his/her) Social Security number.]

SOCIAL SECURITY NUMBER: |_|_|_|-|_|_|-|_|_|_|_| (H3a)

BOX H-2	
MEDICARE NUMBER CHECK:	
S'S MEDICARE NUMBER IS VALID (LMEDICAR = 1).....	GO TO BOX H-3
ALL OTHERS.....	CONTINUE

H1. Medicare is a social security health insurance program primarily for persons 65 years old or older. People who are covered by Medicare have a red, white and blue Medicare card. Was (SUBJECT) covered by Medicare?

- YES..... 1
- NO..... 2 (BOX H-3)
- DK..... -8 (BOX H-3)

H2. As part of this survey, I'd like to have (SUBJECT'S) Medicare number. This information is voluntary and is collected under the authority of the Public Health Service Act. (There will be no effect on any benefits that are being received whether or not you decide to provide the number). This information will be used in conducting future followup studies and to obtain current location, vital status, and health care facility data from Medicare records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (SUBJECT'S) health insurance claim number on (his/her) Medicare Card? [READ IF NECESSARY: I'll wait while you get (his/her) Medicare Card.]

MEDICARE NUMBER: -

BOX H-3	
SOCIAL SECURITY NUMBER CHECK:	
S'S SOCIAL SECURITY NUMBER IS VALID (LSSN = 1).....	GO TO H3a
ALL OTHERS.....	CONTINUE

H3. As part of this survey, I would (also) like to have (SUBJECT'S) Social Security number. (Again,) This information is voluntary and is collected under the authority of the Public Health Service Act. (There will be no effect on any benefits that are being received whether or not you decide to provide the number). This information will be used to obtain vital status data from state vital statistics and Social Security records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (SUBJECT'S) Social Security number? [READ IF NECESSARY: I'll wait while you get (his/her) Social Security number.]

SOCIAL SECURITY NUMBER: -

H3a. The next questions are about health insurance coverage and the kinds and amounts of income that people receive. [READ IF NECESSARY: The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and in finding ways to lower costs of care.]

Medicaid or (LOCAL NAME) is a public assistance program that pays for medical care. Did (SUBJECT) have coverage for medical care under Medicaid or (LOCAL NAME)?

YES..... 1
NO..... 2

H3b. Was (he/she) covered by CHAMPUS, CHAMPVA, the VA or military health care? [These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.]

YES..... 1
NO..... 2

H3c. Health insurance can also be obtained through a current or former employer, a union, an association, or on an individual basis. Was (he/she) covered by any of these types of private health insurance? Include membership in a health maintenance organization.

YES..... 1
NO..... 2 (H3e)
DK..... -8 (H3e)

H3d. Was this health insurance obtained through an employer or union?

YES..... 1
NO..... 2

H3e. Did (SUBJECT) have insurance or coverage for medical care under some other program that I haven't mentioned?

YES..... 1
NO..... 2 (H3g)
DK..... -8 (H3g)

H3f. What is the name of that program?

H3g. During the 12 months prior to (SUBJECT'S) death, did (he/she) receive any personal income from any of the following sources? Some of these may not apply to (him/her), but I need to ask about each one. Did (SUBJECT) receive income from . . .

	YES	NO
a. Wages and salaries (including tips, bonuses and overtime) or net income from self-employment?.....	1	2
b. Social security or railroad retirement?	1	2
c. Supplemental security income?.....	1	2
d. Unemployment compensation?.....	1	2
e. Aid to families with dependent children (sometimes called AFDC or ADC) or any other public assistance or welfare payments?.....	1	2
f. Interest earnings from savings or other bank accounts?	1	2
g. Dividends received from stocks or mutual funds or net rental income from property, royalties, estates or trusts?.....	1	2
h. Child support?.....	1	2
i. Any other source such as alimony, contributions from family or others, Veterans Administration payments, worker's compensation, disability or retirement programs other than Social Security or Railroad Retirement or Supplemental Security Income?	1	2

H3h. During the 12 months prior to (his/her) death, what was (SUBJECT'S) personal income from all sources including wages, salaries, Social Security or retirement benefits, help from relatives, rent from property, and so forth?

\$ _____

H3i. During the 12 months prior to (his/her) death, what was the total combined income of (his/her) family from all sources including wages, salaries, Social Security or retirement benefits, help from relatives, rent from property, and so forth?

\$ _____

BOX H-4

FATHER'S SURNAME CHECK:

IS FEMALE (LSSEX = 2) AND FATHER'S LAST NAME
 IS NOT KNOWN (LDADNAME = 2) CONTINUE
 ALL OTHERS..... GO TO BOX H-5

H4. Please tell me (SUBJECT'S) father's last name.

FATHER'S LAST NAME: _____

BOX H-5	
WERE ALL QUESTIONS ANSWERED:	
YES (B0 ≠ 2, BOX B-9 ≠ 2, BOX B-15 ≠ 2, D0 ≠ 2, AND G0 ≠ 2)	GO TO BOX H-6
NO (B0 = 2 OR BOX B-9 = 2 OR BOX B-15 = 2 OR D0 = 2 OR G0 = 2)	CONTINUE

H4a. Is there anyone else who might be able to answer some of the questions about (SUBJECT) that you were unable to answer?

- YES 1
- NO 2 (BOX H-6)
- DK -8 (BOX H-6)

H4b. I need this person's name, address, and telephone number.

NAME: _____

TITLE	FIRST	LAST
-------	-------	------

ADDRESS: _____

STREET NUMBER AND NAME	APT. NUMBER
------------------------	-------------

CITY	STATE	ZIP CODE
------	-------	----------

TELEPHONE NUMBER: (____) _____

H4c. What was (SECOND PROXY'S) relationship to (SUBJECT)?

- HUSBAND/WIFE 1
 - FATHER/MOTHER..... 2
 - FATHER-IN-LAW/MOTHER-IN-LAW 3
 - GRANDPARENT 4
 - SON/DAUGHTER..... 5
 - SON-IN-LAW/DAUGHTER-IN-LAW 6
 - GRANDCHILD..... 7
 - BROTHER/SISTER..... 8
 - BROTHER-IN-LAW/SISTER-IN-LAW 9
 - AUNT/UNCLE/COUSIN..... 10
 - NIECE/NEPHEW..... 11
 - ROOMMATE/FRIEND/NEIGHBOR 12
 - OTHER RELATIVE (SPECIFY)..... 91
-
- OTHER NON-RELATIVE (SPECIFY) 92
-

BOX H-6

HOSPITALIZATION CHECK:
HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR
B63 = 1 OR B66 = 1 OR B69 = 1 OR B80 = 1 OR
B89 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR
B111 = 1 OR B114 = 1 OR B115 = 1 OR B121 IS
ANSWERED OR B127 = 1 OR B130 = 1 OR B131 = 1
OR B132 = 1) CONTINUE
ALL OTHERS..... GO TO BOX H-8

BOX H-7

(DISPLAY HOSPITALIZATION CONDITIONS)
INTERVIEWER: COMPARE THE SCREEN AND THE HHCF CHART:
ARE ANY HOSPITAL STAYS RECORDED ON THE SCREEN THAT DO NOT APPEAR ON THE
CHART?
YES..... 1 FILL IN CHART,
THEN CONTINUE
NO..... 2 CONTINUE

BOX H-8

INTERVIEWER: COMPARE THE SCREEN AND THE HHCF CHART:
ARE ANY HOSPITAL STAYS RECORDED ON THE CHART THAT DO NOT APPEAR ON THE
SCREEN?
YES..... 1 CONDITION SECTION,
THEN BOX H-10
NO..... 2 CONTINUE

BOX H-9

HOSPITALIZATION CHECK:
HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR
B63 = 1 OR B66 = 1 OR B69 = 1 OR B80 = 1 OR
B89 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR
B111 = 1 OR B114 = 1 OR B115 = 1 OR B121 IS
ANSWERED OR B127 = 1 OR B130 = 1 OR B131 = 1
OR B132 = 1) CONTINUE
ALL OTHERS..... GO TO H17

H5 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

BOX H-10	
RESPONDENT'S RELATIONSHIP TO SUBJECT:	
<u>P</u> IS RELATIVE.....	CONTINUE
<u>R</u> IS NON-RELATIVE.....	GO TO H9

(ASKED IF PROXY IS A RELATIVE)

H6. As part of this survey, I would like to send you a form that authorizes the United States Public Health Service to obtain information from hospital or nursing home records.

[To do this, I need to confirm your name, address, and telephone number.]

*NAME: _____

TITLE	FIRST	LAST
-------	-------	------

ADDRESS: _____

STREET NUMBER AND NAME	APT. NUMBER
------------------------	-------------

CITY	STATE	ZIP CODE
------	-------	----------

And I need to confirm your telephone number.

TELEPHONE NUMBER: () _____

NOTE: IF THIS IS A NEWLY ADDED PROXY IN CATI, THIS INFORMATION WILL BE SKIPPED BECAUSE IT WAS ALREADY ASKED IN THE INTRODUCTION.

H7 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

H8. When you receive the form please sign your name and return the form in the postage paid envelope. You will receive a \$5.00 check for returning the form about two weeks after we receive the signed authorization form. I would like to put my initials on a statement indicating that we have permission to collect this information. Is this all right?

<u>P</u> GIVES PERMISSION.....	1
<u>P</u> DOES NOT GIVE PERMISSION.....	2 (GO TO COMMENTS IF P REFUSES TO SIGN)

NOTE: FORM WILL BE MAILED TO PROXY.

Thank you very much for taking the time to participate in this interview. Goodbye. (TERMINATE.)

(ASKED WHEN PROXY IS NOT A RELATIVE AND CANNOT SIGN MAF)

H9. Do you know a relative of (SUBJECT) who could sign this authorization?

- YES 1
- NO 2 (H11)
- DK -8 (H11)

H10. I need to have the name, address and telephone number of a relative of (SUBJECT) who could sign this authorization. [VERIFY ALL SPELLING.]

NAME: _____

ADDRESS: _____

STREET NUMBER AND NAME

APT. NUMBER

CITY

STATE

ZIP CODE

TELEPHONE NUMBER: (____) _____

What is (RELATIVE'S) relationship to (SUBJECT)?

- HUSBAND/WIFE 1
 - FATHER/MOTHER 2
 - GRANDPARENT 3
 - SON/DAUGHTER 4
 - GRANDCHILD 5
 - BROTHER/SISTER 6
 - AUNT/UNCLE/COUSIN 7
 - NIECE/NEPHEW 8
 - OTHER RELATIVE (SPECIFY) 91
- } (H17)

NOTE: FORM WILL BE MAILED TO RELATIVE.

**(ASKED WHEN PROXY IS NOT A RELATIVE AND CANNOT SIGN MAF
AND PROXY DOES NOT KNOW OF A RELATIVE OF SUBJECT)**

H11. Do you know someone else who has the power of attorney and could sign this authorization form?

- YES..... 1
- NO..... 2 (H17)
- DK..... -8 (H17)

H12. I need to have the name, address and telephone number of this person. [VERIFY ALL SPELLING.]

NAME: _____

ADDRESS: _____

STREET NUMBER AND NAME

APT. NUMBER

CITY

STATE

ZIP CODE

TELEPHONE NUMBER: (____) _____

What is (ATTORNEY NAME)'s relationship to (SUBJECT)?

- ATTORNEY..... 1
- FRIEND..... 2
- OTHER RELATIVE (SPECIFY)..... 91

NOTE: FORM WILL BE MAILED TO PERSON IN H12.

H13 THROUGH H16 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

PART I: OBSERVATION SHEET

(TO BE COMPLETED AT CONCLUSION OF INTERVIEW)

I1 AND I2 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

I3. DO YOU FEEL THAT THE INFORMATION PROVIDED BY THE RESPONDENT WAS SATISFACTORY?

YES..... 1 (16)
 NO..... 2

I4. WHY NOT?

I5 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

I6. IN REGARD TO THE QUESTIONNAIRE, DO YOU FEEL IT ...

	YES	NO	UNCERTAIN
a. HELD THE RESPONDENT'S ATTENTION THROUGHOUT THE INTERVIEW?	1	2	3
b. WAS UPSETTING OR DEPRESSING TO THE RESPONDENT?	1	2	3
c. WAS BORING OR UNINTERESTING TO THE RESPONDENT?	1	2	3

I7. WITH REGARD TO THE RESPONDENT, DO YOU FEEL THE ...

	YES	NO	UNCERTAIN
a. RESPONDENT WAS INTELLECTUALLY CAPABLE OF RESPONDING?	1	2	3
b. RESPONDENT'S ANSWERS WERE REASONABLY ACCURATE?	1	2	3
c. RESPONDENT UNDERSTOOD THE QUESTIONS?	1	2	3

BOX I-1	
QUESTIONNAIRE STATUS:	
PROBLEM WITH QUESTIONNAIRE REPORTED (16b = 1 OR 16c = 1 OR 17a = 2 OR 17b = 2 OR 17c = 2).....	CONTINUE
ALL OTHERS.....	GO TO I9

I8. WAS THERE A SECTION THAT SEEMED TO BE PARTICULARLY UPSETTING OR PROBLEMATIC FOR THE RESPONDENT

YES..... 1
NO..... 2 (I9)

WHICH SECTION AND WHY? _____

I9. WAS THE RESPONDENT HARD OF HEARING?

YES..... 1
NO..... 2

I10. WAS THE INTERVIEW CONDUCTED IN SPANISH?

YES..... 1
NO..... 2

I11. RECORD ANY RELEVANT COMMENTS OR IMPRESSIONS YOU MAY HAVE HAD ABOUT THIS INTERVIEW.

I12. DID YOU HAVE ANY COMMENTS OR PROBLEMS WHEN RECORDING THE RESPONSES?

YES 1 (GO TO "COMMENTS")
NO 2

BOX 1-2	
HOSPITALIZATION CHECK:	
HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1	
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR	
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR	
B63 = 1 OR B66 = 1 OR B69 = 1 OR B80 = 1 OR	
B89 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR	
B111 = 1 OR B114 = 1 OR B115 = 1 OR B121 IS	
ANSWERED OR B127 = 1 OR B130 = 1 OR B131 = 1	
OR B132 = 1)	CONTINUE
ALL OTHERS.....	TERMINATE

I13. DID YOU RECORD THE ID NUMBER [(ID NUMBER)] AND THE NAME [(SUBJECT'S NAME)] ON THE HOSPITAL CHART?

YES 1
NO 2

Subject Mail Questionnaire

OMB#: 0920-0218
Expires: December 31, 1993

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE

QUESTIONNAIRE A

SUBJECT QUESTIONNAIRE - MAIL VERSION

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated in this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bldg., Room 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0218); Washington, D.C. 20503.

PLEASE READ INSTRUCTIONS FIRST

- A. Please complete the following questions either by placing a check (✓) in the box next to the answer that best fits your situation or by writing your answer in the space provided.
- B. Unless the instructions tell you otherwise, check only one box.
- C. Some questions have instructions next to the answer telling you to skip questions which do not apply to you. First check the box, then follow the skip as directed.
- D. Please follow all instructions carefully.
- E. If you are filling out this questionnaire for a person who is too ill to answer for herself/himself, when reading the questions please substitute the participant's name for the word "your." For example, A-3 would read, "Does Mr. Jones currently live in a house or apartment, a nursing home or rest home, a retirement home, or does he have some other arrangement?"
- F. If the person named in A-1 is deceased, do not fill out this form. Instead fill out Questionnaire B. If you are answering questions for a female participant, please fill out the Questionnaire A Supplement - Female Medical History in addition to filling out Questionnaire A.
- G. If you have any questions about how to fill out the questionnaire or if you would prefer to answer the questions over the telephone, please call our toll-free number, 1-800-937-8281, and ask for Toni Harris, the NHANES I Epidemiologic Followup Study Supervisor.

A-5. How long have you lived alone?

OF YEARS: _____ (SKIP TO QUESTION A-7)

OR # OF MONTHS: _____ (SKIP TO QUESTION A-7)

A-6. What is the sex and relationship to you of the other people who live in your household? If you do not live in a household (for example, you live in a nursing home), tell us who you lived with before you entered the nursing home.

RELATIONSHIP OF HOUSEHOLD MEMBERS (e.g., HUSBAND)	SEX (MALE OR FEMALE)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

A-7. Are you currently married, widowed, divorced, separated, or have you never been married?

1 Married

4 Separated

2 Widowed

5 Never married

3 Divorced

A-8. As part of this survey, we would like to have your Social Security and Medicare numbers. This information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on any benefits that are being received whether or not you decide to provide the numbers. This information will be used in conducting future followup studies. It will also be used to obtain health care facility data from Medicare records and location and vital status data from state vital statistics, Social Security and Medicare records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is your Social Security number?

SOCIAL SECURITY NUMBER: |_|_|_|_| - |_|_|_| - |_|_|_|_|_|

What is your health insurance claim number on your Medicare Card (if you have one)?

MEDICARE NUMBER: |_|_|_|_| - |_|_|_| - |_|_|_|_|_| () ()

B. YOUR HEALTH

B-1. These next questions are about your health. Would you say that your health in general is excellent, very good, good, fair or poor?

- | | |
|--------------------------------------|---------------------------------|
| 1 <input type="checkbox"/> Excellent | 4 <input type="checkbox"/> Fair |
| 2 <input type="checkbox"/> Very good | 5 <input type="checkbox"/> Poor |
| 3 <input type="checkbox"/> Good | |

B-2. Did a doctor ever tell you that you have arthritis?

- 1 Yes
- 2 No (SKIP TO QUESTION B-5)
- 3 Don't know (SKIP TO QUESTION B-5)

B-3. What type of arthritis do you have?

- | | |
|---|--|
| 1 <input type="checkbox"/> Rheumatoid | 5 <input type="checkbox"/> Degenerative |
| 2 <input type="checkbox"/> Osteoarthritis | 6 <input type="checkbox"/> Another type (DESCRIBE) |
| 3 <input type="checkbox"/> Lupus | _____ |
| 4 <input type="checkbox"/> Gout | 8 <input type="checkbox"/> Don't know |

B-4. In what year were you first told you had arthritis?

YEAR: 19 |__| |__|

B-5. Since _____ has a doctor told you that you had any of the following conditions? If you have, please also tell us the years you had the condition. (CHECK ALL THAT APPLY AND RECORD YEARS HAD CONDITION.)

CONDITION	YEARS HAD CONDITION
a. <input type="checkbox"/> Heart attack	_____
b. <input type="checkbox"/> TIA	_____
c. <input type="checkbox"/> Stroke	_____
d. <input type="checkbox"/> Broken or fractured hip	_____
e. <input type="checkbox"/> Broken or fractured wrist	_____
f. <input type="checkbox"/> Kidney stones or kidney disorder other than infections	_____
g. <input type="checkbox"/> Osteoporosis	_____
h. <input type="checkbox"/> Urinary tract or kidney infection more than three times.	_____

B-6. Have you ever had any of the following surgeries or procedures performed? If you have, please tell us the years that you had the surgery or procedure. (CHECK ALL THAT APPLY AND RECORD YEARS HAD SURGERY/PROCEDURE.)

SURGERY	YEARS HAD SURGERY/ PROCEDURE
a. <input type="checkbox"/> Coronary by-pass	_____
b. <input type="checkbox"/> Pacemaker replacement, insertion or repair	_____
c. <input type="checkbox"/> Cataract surgery	_____
d. <input type="checkbox"/> (MALES ONLY) vasectomy (operation to be sterilized)	_____

B-7. Have you ever been told by a doctor that you had a hernia or rupture of the groin?

- 1 Yes
- 2 No (SKIP TO QUESTION B-9)
- 8 Don't know (SKIP TO QUESTION B-9)

B-8. In what year were you first told that you had a hernia or rupture of the groin?

YEAR: 19 |__|__|

B-9. Did a doctor ever tell you you have diabetes or sugar diabetes?

- 1 Yes
- 2 No (SKIP TO QUESTION B-13)
- 8 Don't know (SKIP TO QUESTION B-13)

B-10. In what year were you first told that you had diabetes or sugar diabetes?

YEAR: 19 |__|__|

B-11. Are you now taking insulin injections for your diabetes?

- 1 Yes
- 2 No
- 8 Don't know

B-12. Are you now taking pills for your diabetes?

- 1 Yes
- 2 No
- 8 Don't know

B-13. Have you ever been told by the doctor that you had high blood pressure or hypertension?

- 1 Yes
- 2 No (SKIP TO QUESTION B-17)
- 8 Don't know (SKIP TO QUESTION B-17)

B-14. In what year were you first told that you had high blood pressure or hypertension?

YEAR: 19 |__|__|

B-15. Has the doctor ever prescribed medicine for your high blood pressure?

- 1 Yes
- 2 No (SKIP TO QUESTION B-17)
- 8 Don't know (SKIP TO QUESTION B-17)

B-16. Are you now taking medication for high blood pressure?

- 1 Yes
- 2 No
- 8 Don't know

B-17. Since _____ have you had any type of cancer diagnosed including skin cancer?

- 1 Yes
- 2 No (SKIP TO QUESTION B-20)
- 8 Don't know (SKIP TO QUESTION B-20)

<p>B-18. Where was the cancer or what type of cancer was it?</p> <p style="text-align: center;">TYPE OF CANCER</p> <p>1st type _____</p> <p>2nd type _____</p> <p>3rd type _____</p>	<p>B-19. In what year were you <u>first</u> told you had this type of cancer?</p> <p style="text-align: center;">YEAR FIRST TOLD</p> <p>YEAR: 19 __ __ </p> <p>YEAR: 19 __ __ </p> <p>YEAR: 19 __ __ </p>
--	--

B-20. Have you ever had out-patient surgery for any type of cancer?

- 1 Yes
- 2 No (SKIP TO QUESTION B-23)
- 8 Don't know (SKIP TO QUESTION B-23)

<p>B-21. For what type of cancer have you had outpatient surgery?</p> <p style="text-align: center;">TYPE OF CANCER</p> <p>1st cancer _____</p> <p>2nd cancer _____</p> <p>3rd cancer _____</p>	<p>B-22. In what year was your most recent out-patient surgery for this type of cancer?</p> <p>YEAR: 19 __ __ </p> <p>YEAR: 19 __ __ </p> <p>YEAR: 19 __ __ </p>
---	---

B-23. (IF YOU ARE AGE 64 OR OLDER, ANSWER B-23 - B-25. OTHERWISE SKIP TO B-26.) During the past 12 months, have you had a fall where you have fallen and landed on the floor or ground or hit an object like a table or stair?

- 1 Yes
- 2 No (SKIP TO QUESTION B-26)
- 8 Don't know (SKIP TO QUESTION B-26)

B-24. How many times have you fallen like this during the past 12 months?

OF TIMES: _____

B-25. Did any of these falls:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| a. cause a broken bone? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. cause you to hit or injure your head? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. cause you to seek medical care? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. cause you to be hospitalized for more than one day? | <input type="checkbox"/> | <input type="checkbox"/> |

This question concerns any hospital stays you may have had since _____.

B-26. Since _____, have you stayed in a hospital overnight or longer for any reason? For each stay, please record the date you went to the hospital, the reason or reasons you went to the hospital and the name and address of the hospital.

1 Yes - RECORD ALL STAYS BELOW

2 No (SKIP TO QUESTION B-27)

STAY #1: DATE OF ADMISSION: |__| |__| / |__| |__| / 19 |__| |__|
MO DA YR

REASON FOR STAY: _____

NAME OF HOSPITAL: _____

ADDRESS OF HOSPITAL: _____
STREET

_____ CITY STATE

OTHER COMMENTS: _____

STAY #2: DATE OF ADMISSION: |__| |__| / |__| |__| / 19 |__| |__|
MO DA YR

REASON FOR STAY: _____

NAME OF HOSPITAL: _____

ADDRESS OF HOSPITAL: _____
STREET

_____ CITY STATE

OTHER COMMENTS: _____

STAY #3: DATE OF ADMISSION: |__| |__| / |__| |__| / 19 |__| |__|
MO DA YR

REASON FOR STAY: _____

NAME OF HOSPITAL: _____

ADDRESS OF HOSPITAL: _____
STREET

_____ CITY STATE

OTHER COMMENTS: _____

STAY #4: DATE OF ADMISSION: |__| |__| / |__| |__| / 19 |__| |__|
MO DA YR

REASON FOR STAY: _____

NAME OF HOSPITAL: _____

ADDRESS OF HOSPITAL: _____
STREET

_____ CITY STATE

OTHER COMMENTS: _____

STAY #5: DATE OF ADMISSION: |__| |__| / |__| |__| / 19 |__| |__|
MO DA YR

REASON FOR STAY: _____

NAME OF HOSPITAL: _____

ADDRESS OF HOSPITAL: _____
STREET

_____ CITY STATE

OTHER COMMENTS: _____

(IF YOU HAVE STAYED IN A HOSPITAL OVERNIGHT OR LONGER FOR MORE THAN FIVE TIMES, PLEASE CONTINUE RECORDING INFORMATION ABOUT STAYS ON A SHEET OF PAPER AND INCLUDE IT IN THE RETURN ENVELOPE.)

This question concerns stays in a rest home, a nursing home, a mental health facility, or other facilities like those.

B-27. Since _____, have you ever stayed overnight or longer in a rest home, a nursing home, a mental health facility, or anything like that? For each stay, please record the date you went into the facility, the reason or reasons you went to the facility, the type of facility (e.g., nursing home) and the name and address of the facility.

1 Yes - RECORD ALL STAYS BELOW

2 No (SKIP TO QUESTION B-28)

STAY #1: DATE OF ADMISSION: |__|_|_| / |__|_|_| / 19 |__|_|_|
MO DA YR

REASON FOR STAY: _____
TYPE OF FACILITY: _____
NAME OF FACILITY: _____
ADDRESS OF FACILITY: _____
STREET _____
CITY STATE _____

OTHER COMMENTS: _____

STAY #2: DATE OF ADMISSION: |__|_|_| / |__|_|_| / 19 |__|_|_|
MO DA YR

REASON FOR STAY: _____
TYPE OF FACILITY: _____
NAME OF FACILITY: _____
ADDRESS OF FACILITY: _____
STREET _____
CITY STATE _____

OTHER COMMENTS: _____

STAY #3: DATE OF ADMISSION: |__|_|_| / |__|_|_| / 19 |__|_|_|
MO DA YR

REASON FOR STAY: _____
TYPE OF FACILITY: _____
NAME OF FACILITY: _____
ADDRESS OF FACILITY: _____
STREET _____
CITY STATE _____

OTHER COMMENTS: _____

STAY #4: DATE OF ADMISSION: |__|_|_| / |__|_|_| / 19 |__|_|_|
MO DA YR

REASON FOR STAY: _____
TYPE OF FACILITY: _____
NAME OF FACILITY: _____
ADDRESS OF FACILITY: _____
STREET _____
CITY STATE _____

OTHER COMMENTS: _____

(IF YOU HAVE STAYED IN ANY HEALTH CARE FACILITY (OTHER THAN A HOSPITAL) OVERNIGHT OR LONGER FOR MORE THAN FOUR TIMES, PLEASE CONTINUE RECORDING INFORMATION ABOUT STAYS ON A SHEET OF PAPER AND INCLUDE IT IN THE RETURN ENVELOPE.)

B-28. (IF YOU ARE CURRENTLY IN A NURSING HOME, ANSWER B-28 AND B-29; OTHERWISE, SKIP TO B-30.) During the month before your admission to the nursing home, was there a significant change in your health?

- 1 Yes
- 2 No

B-29. During the 12 months prior to that, what was happening to your health? Had it improved, remained the same, gradually worsened, or suddenly worsened?

- 1 Improved
- 2 Remained the same
- 3 Gradually worsened
- 4 Suddenly worsened

SKIP TO B-31

B-30. (IF YOU ARE NOT CURRENTLY IN A NURSING HOME, ANSWER B-30; OTHERWISE SKIP TO B-31.) What has been happening to your health during the past 12 months? Has it improved, remained the same, gradually worsened, or suddenly worsened?

- 1 Improved
- 2 Remained the same
- 3 Gradually worsened
- 4 Suddenly worsened

B-31. As part of this survey, it may be necessary to obtain additional information from hospital or nursing home records. The enclosed form entitled "Authorization to Obtain Information from Medical Records" authorizes the U.S. Public Health Service to obtain this information. Please read the form and record any other names under which hospital or in-patient health facility records could be listed. If the records would not be listed under any other name, check the box. Sign your name on the signature of subject line if you are answering the questionnaire for yourself. If you are answering the questionnaire on behalf of the participant because he/she is incapacitated, please have the participant fill out his/her name. Also, be sure to date the form.

Please return all forms in the postage-paid envelope. You will receive a \$5.00 check for returning the questionnaire and a signed form about two weeks after you mail us these forms.

B-32. Please give me the name, address, and telephone number of a relative or friend who would know how to get in touch with you in case we need to contact you again and have a hard time reaching you.

NAME: _____

ADDRESS: _____
STREET NAME AND NUMBER APT. NUMBER

CITY

STATE

ZIP CODE

TELEPHONE: (____) _____

How is that person related to you? _____

B-33. (IF YOU ARE ANSWERING THIS QUESTIONNAIRE FOR ANOTHER PERSON):

Please record your name, address and telephone number and your relationship to the participant.

NAME: _____

ADDRESS: _____
STREET NAME AND NUMBER APT. NUMBER

_____ CITY STATE ZIP CODE

TELEPHONE: (_____) _____

RELATIONSHIP TO PARTICIPANT: _____

Thank you very much for taking the time to participate in this interview. Please continue with the Questionnaire A Supplement if you are answering questions about a female participant.

Subject Mail Questionnaire - Supplement

OMB#: 0920-0218

Expires: December 31, 1993

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE**QUESTIONNAIRE A - SUPPLEMENT
FEMALE MEDICAL HISTORY - MAIL VERSION
(Extension of Subject Questionnaire for Female Subjects)****C. FEMALE MEDICAL HISTORY**

C-1. Have you ever been pregnant? Include live births, stillbirths, miscarriages or abortions.

1 Yes2 No (SKIP TO QUESTION C-7)C-2. How old were you when your first child was born? This means the first child born alive or stillborn. (IF NONE, RECORD NONE ON LINE BELOW.)

AGEC-3. How old were you when your last child was born? Include stillbirths. (IF NONE, RECORD NONE ON LINE BELOW.)

AGEC-4. How many live births have you ever had? (IF NONE, RECORD NONE ON LINE BELOW.)

OF LIVE BIRTHS

C-5. Have you ever had a miscarriage?

1 Yes2 No (SKIP TO QUESTION C-7)

C-6. How many miscarriages have you had?

OF MISCARRIAGES

C-7. Do you still have your uterus or womb?

1 Yes (SKIP TO QUESTION C-9)2 No8 Don't know (SKIP TO QUESTION C-9)

C-8. How old were you when your uterus or womb was removed?

AGE

C-9. Do you still have both your ovaries, only one ovary or no ovaries?

- 1 Both ovaries (SKIP TO QUESTION C-11)
- 2 Only one ovary
- 3 No ovaries

C-10. How old were you when your ovary or ovaries were removed?

AGE

AGE

C-11. Are you still having periods?

- 1 Yes (SKIP TO QUESTION C-13)
- 2 No

C-12. At what age did you have your last period?

_____ (SKIP TO QUESTION C-15)
AGE

C-13. Are your periods regular or irregular? By regular we mean that your periods come about once a month. You can usually predict when they will come and they usually last about the same number of days.

- 1 Regular (SKIP TO QUESTION C-15)
- 2 Irregular

C-14. Are they irregular because you are going through the change of life or for some other reason?

- 1 Change of life
- 2 Other reason
- 8 Don't know

C-15. Did you ever take female hormone pills such as estrogen or premarin for reasons related to menopause or the change of life such as hot flashes, mood changes or bone loss?

- 1 Yes
 2 No (SKIP TO QUESTION C-23)
 3 Not menopausal (SKIP TO QUESTION C-23)
 8 Don't know (SKIP TO QUESTION C-23)

C-16. How old were you when you first took hormone pills?

_____ AGE

C-17. How old were you when you last took hormone pills?

_____ OR Still taking hormone pills
 AGE

C-18. What is the longest period of time that you have continuously taken hormone pills? That is, without stopping for at least one month.

_____ AND _____
 YEARS MONTHS

OR Less than one month

C-19. Now thinking about the total amount of time you have taken these pills, how many months and years have you actually used them? Please do not include the times when you might have stopped taking the pill for at least one month.

_____ AND _____
 MONTHS YEARS

OR Less than one month

C-20. Are you currently taking hormone pills?

- 1 Yes
 2 No (SKIP TO QUESTION C-23)
 8 Don't know (SKIP TO QUESTION C-23)

C-21. What is the color of the hormone pill you are taking?

- 1 Purple/Blue
- 2 Yellow/Orange
- 3 White
- 4 Maroon/Brown/Red
- 5 Green
- 8 Don't know

C-22. How long have you been taking this same color pill?

_____ OR _____
OF YEARS # OF MONTHS

OR Less than one month

C-23. Have you ever used an estrogen or hormone skin patch?

- 1 Yes
- 2 No (SKIP TO QUESTION C-26)
- 8 Don't know (SKIP TO QUESTION C-26)

C-24. How old were you when you first used an estrogen or hormone skin patch?

AGE

C-25. How old were you when you last used an estrogen or hormone skin patch?

_____ OR Still using a hormone skin patch.
AGE

C-26. In addition to estrogen, sometimes women also use the female hormone progestin sometimes called Provera at the change of life or after a hysterectomy. These pills are often taken along with an estrogen pill for only part of the month. Have you ever taken progestin or Provera?

- 1 Yes
- 2 No (SKIP TO QUESTION C-29)
- 8 Don't know (SKIP TO QUESTION C-29)

C-27. Are you currently taking these pills?

1 Yes

2 No

C-28. How long have you taken these pills?

_____ OR _____
 # OF YEARS # OF MONTHS

OR Less than one month

C-29. Did you ever take birth control pills for any reason?

1 Yes

2 No (SKIP TO QUESTION C-37)

8 Don't know (SKIP TO QUESTION C-37)

C-30. How old were you when you first took birth control pills?

 AGE

C-31. How old were you when you last took birth control pills?

_____ OR Still taking birth control pills
 AGE

C-32. What is the longest period of time that you have continuously taken birth control pills? That is, without stopping for at least one month.

_____ AND _____
 YEARS MONTHS

OR Less than one month

C-33. Now, thinking about the total amount of time you have taken these pills, how many months or years have you actually used them? Please do not include the times when you might have stopped taking the pill for at least one month.

_____ OR _____
 MONTHS YEARS

OR Less than one month

C-34. How many months or years did you use birth control pills prior to the age of 25? Please do not include the

times when you might have stopped taking the pill for at least one month. (IF NONE, RECORD NONE ON LINE BELOW)

_____ OR _____
MONTHS YEARS

OR Less than one month

C-35. Did you use birth control pills before your first child was born?

1 Yes

2 No (SKIP TO QUESTION C-37)

8 Don't know (SKIP TO QUESTION C-37)

C-36. How many months or years before your first child was born did you use birth control pills? Please do not include the times when you might have stopped taking the pill for at least one month.

_____ OR _____
MONTHS YEARS

OR Less than one month

C-37. Have you ever had an operation to be sterilized, also known as a tubal ligation or having your tubes tied?

1 Yes

2 No (SKIP TO QUESTION C-39)

8 Don't know (SKIP TO QUESTION C-39)

C-38. How old were you when you had this procedure?

AGE

C-39. Have you ever had a Pap smear test? [This is a special test that a doctor or other health professional conducts as part of a pelvic exam that looks for abnormal cells.]

1 Yes

2 No

If "Yes", to Pap smear continue, otherwise end.

C-40. On about how many occasions have you had a Pap smear test in the past 5 years?

NUMBER OF OCCASIONS

C-41. About how long has it been since you had a Pap smear test?

NUMBER OF YEARS

OR Less than one year

Proxy Mail Questionnaire

OMB#: 0920-0218
Expires: December 31, 1993

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE

QUESTIONNAIRE B
PROXY QUESTIONNAIRE - MAIL VERSION
(DECEASED SUBJECT)

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated in this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bldg., Room 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0218); Washington, D.C. 20503.

PLEASE READ INSTRUCTIONS FIRST

- A. Please complete the following questions only if the person named in the box below is deceased.
- B. Please complete the following questions either by placing a check (✓) in the box next to the answer that best fits the situation or by writing your answer in the space provided.
- C. Unless the instructions tell you otherwise, check only one box.
- D. Some questions have instructions next to the answer telling you to skip questions which do not apply to you. First check the box, then follow the skip as directed.
- E. Please follow all instructions carefully.
- F. If you have any questions about how to fill out the questionnaire or if you would prefer to answer the questions over the telephone, please call our toll-free number, 1-800-937-8281, and ask for Toni Harris, the NHANES I Epidemiologic Followup Study Supervisor.

1. Please review the information in the box below and correct if incorrect or missing.

NAME OF DECEASED PARTICIPANT:	_____	_____	_____
	FIRST	MIDDLE	LAST
DATE OF BIRTH:	_____	_____	_____
	MONTH	DAY	YEAR
CORRECTIONS: (RECORD CORRECTIONS OR MISSING DATA BELOW)			
NAME OF DECEASED PARTICIPANT:	_____	_____	_____
	FIRST	MIDDLE	LAST
DATE OF BIRTH:	_____	_____	_____
	MONTH	DAY	YEAR

This question concerns any hospital stays the participant may have had since _____.

MEDICAL HISTORY

2. Since _____, had the participant stayed in a hospital overnight or longer for any reason? For each stay, please record the date he/she went to the hospital, the reason or reasons he/she went to the hospital and the name and address of the hospital.

1 Yes - RECORD ALL STAYS BELOW

2 No (SKIP TO QUESTION 3)

STAY #1: DATE OF ADMISSION: |__| |__| / |__| |__| / 19 |__| |__|
MO DA YR

REASON FOR STAY: _____
 NAME OF HOSPITAL: _____
 ADDRESS OF HOSPITAL: _____
STREET
CITY STATE

OTHER COMMENTS: _____

STAY #2: DATE OF ADMISSION: |__| |__| / |__| |__| / 19 |__| |__|
MO DA YR

REASON FOR STAY: _____
 NAME OF HOSPITAL: _____
 ADDRESS OF HOSPITAL: _____
STREET
CITY STATE

OTHER COMMENTS: _____

STAY #3: DATE OF ADMISSION: |__| |__| / |__| |__| / 19 |__| |__|
MO DA YR

REASON FOR STAY: _____
 NAME OF HOSPITAL: _____
 ADDRESS OF HOSPITAL: _____
STREET
CITY STATE

OTHER COMMENTS: _____

STAY #4: DATE OF ADMISSION: |__| |__| / |__| |__| / 19 |__| |__|
MO DA YR

REASON FOR STAY: _____
 NAME OF HOSPITAL: _____
 ADDRESS OF HOSPITAL: _____
STREET
CITY STATE

OTHER COMMENTS: _____

STAY #5: DATE OF ADMISSION: |__| |__| / |__| |__| / 19 |__| |__|
MO DA YR

REASON FOR STAY: _____
 NAME OF HOSPITAL: _____
 ADDRESS OF HOSPITAL: _____
STREET
CITY STATE

OTHER COMMENTS: _____

This question concerns stays in a rest home, a nursing home, a mental health facility, or other facilities like those.

3. Since _____, had the participant ever stayed overnight or longer in a rest home, a nursing home, a mental health facility, or anything like that? For each stay, please record the date he/she went into the facility, the reason or reasons he/she went to the facility, the type of facility (e.g., nursing home) and the name and address of the facility.

1 Yes - RECORD ALL STAYS BELOW

2 No (SKIP TO QUESTION 4)

STAY #1: DATE OF ADMISSION: |__|_|_| / |__|_|_| / 19 |__|_|_|
MO DA YR

REASON FOR STAY: _____
 TYPE OF FACILITY: _____
 NAME OF FACILITY: _____
 ADDRESS OF FACILITY: _____
STREET
CITY STATE

OTHER COMMENTS: _____

STAY #2: DATE OF ADMISSION: |__|_|_| / |__|_|_| / 19 |__|_|_|
MO DA YR

REASON FOR STAY: _____
 TYPE OF FACILITY: _____
 NAME OF FACILITY: _____
 ADDRESS OF FACILITY: _____
STREET
CITY STATE

OTHER COMMENTS: _____

STAY #3: DATE OF ADMISSION: |__|_|_| / |__|_|_| / 19 |__|_|_|
MO DA YR

REASON FOR STAY: _____
 TYPE OF FACILITY: _____
 NAME OF FACILITY: _____
 ADDRESS OF FACILITY: _____
STREET
CITY STATE

OTHER COMMENTS: _____

STAY #4: DATE OF ADMISSION: |__|_|_| / |__|_|_| / 19 |__|_|_|
MO DA YR

REASON FOR STAY: _____
 TYPE OF FACILITY: _____
 NAME OF FACILITY: _____
 ADDRESS OF FACILITY: _____
STREET
CITY STATE

OTHER COMMENTS: _____

(IF HE/SHE HAD STAYED IN ANY HEALTH CARE FACILITY OVERNIGHT OR LONGER FOR MORE THAN FOUR TIMES, PLEASE CONTINUE RECORDING INFORMATION ABOUT STAYS ON A SHEET OF PAPER AND INCLUDE IT IN THE RETURN ENVELOPE.)

4. Did the participant die in either a hospital or nursing home?

1 Yes

2 No (SKIP TO QUESTION 6)

8 DON'T KNOW (SKIP TO QUESTION 6)

5. Please record the name and address of the hospital or nursing home.

NAME: _____

ADDRESS: _____

STREET

CITY

STATE

6. What was his/her date of death?

|__|__| / |__|__| / 19 |__|__|
 MONTH DAY YEAR

7. In what city, county and state did he/she die?

CITY: _____

COUNTY OR PARISH: _____

STATE: _____

8. As part of this survey, it may be necessary to obtain additional information from hospital or nursing home records. The enclosed form entitled "Authorization to Obtain Information from Medical Records" authorizes the U.S. Public Health Service to obtain this information. Please read the form and record any other names under which hospital or in-patient health facility records could be listed. If the records would not be listed under any other name, check the box. Sign your name on the signature of next-of-kin line. Also record the date you signed the form and the date, county and state of death of the participant.

Please return all forms in the postage-paid envelope. You will receive a \$5.00 check for returning the questionnaire and a signed form about two weeks after you mail us these forms.

9. Please record your name, address, and telephone number and your relationship to the participant.

NAME: _____

ADDRESS: _____

STREET NAME AND NUMBER

APT. NUMBER

CITY

STATE

ZIP CODE

TELEPHONE: (_____) _____

RELATIONSHIP TO PARTICIPANT: _____

10. FEMALE ONLY: Please record the participant's father's last name.

FATHER'S LAST NAME: _____

Thank you very much for taking the time to participate in this interview.

Verbal Authorization Form to Obtain Information From Medical Records

ID No. | | | - | | | | | - | | |

OMB No.: 0920-0218
Expires: December 31, 1993

U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics

1992 NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY VERBAL AUTHORIZATION TO OBTAIN INFORMATION FROM MEDICAL RECORDS

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

SUBJECT

This is to certify that _____ has verbally consented to authorize the release
SUBJECT NAME
of pertinent information from hospital and other inpatient health care facility records.

INTERVIEWER'S SIGNATURE

DATE

NEXT-OF-KIN

This is to certify that _____, who is the _____
RESPONDENT NAME RELATIONSHIP TO SUBJECT
_____, has verbally consented to authorize the release of pertinent
SUBJECT NAME
information from hospital and other inpatient health care facility records.

INTERVIEWER'S SIGNATURE

DATE

Authorization Form to Obtain Information From Medical Records

Please Return To: NHANES-I
Epidemiologic Followup Study
1650 Research Boulevard
Rockville, MD 20850

OMB No. 0920-0218
Expires: December 31, 1993

U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics

1992 NHANES I Epidemiologic Followup Study

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated in this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN:PRA, Hubert H. Humphrey Bldg., Room 721-B, 200 Independence Ave., SW, Washington, DC 20501, and to the Office of Management and Budget, Paperwork Reduction Project (0920-0218), Washington, DC 20503.

AUTHORIZATION TO OBTAIN INFORMATION FROM MEDICAL RECORDS

In connection with the health history of _____ given as part of the 1992 Epidemiologic Followup of the First National Health and Nutrition Examination Survey, it may be necessary to obtain additional information from records and staff of hospitals or other inpatient health care facilities. I hereby authorize the release of such information as the U.S. Public Health Service may need to request from any of these sources. I understand that I may revoke this consent at any time except to the extent that action has already been taken. I also understand that this authorization expires one year from the date of signature.

I understand that all information obtained will be held strictly confidential.

My records may also be listed under the following first and last names (e.g., name change due to marriage): _____

OR

Check box if records would not be listed under any other name.

SIGNATURE OF NEXT-OF-KIN

SIGNATURE OF SUBJECT

DATE

DATE

RELATIONSHIP

This authorization expires one year from date of signature.

SUBJECT'S DATE OF DEATH (MONTH/DAY/YEAR)

COUNTY AND STATE OF DEATH

STAY

FACILITY NAME: _____

MONTH DAY
DATE: ____ 19 ____ AHA/MFI #: _____

ADDRESS: _____
STREET

CITY STATE

Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____

COMMENTS: _____

STAY

FACILITY NAME: _____

MONTH DAY
DATE: ____ 19 ____ AHA/MFI #: _____

ADDRESS: _____
STREET

CITY STATE

Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____

COMMENTS: _____

STAY

FACILITY NAME: _____

MONTH DAY
DATE: ____ 19 ____ AHA/MFI #: _____

ADDRESS: _____
STREET

CITY STATE

Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____

COMMENTS: _____

STAY

FACILITY NAME: _____

MONTH DAY
DATE: ____ 19 ____ AHA/MFI #: _____

ADDRESS: _____
STREET

CITY STATE

Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____
Q#: ____ - ____ CONDITION: _____

COMMENTS: _____

Health Care Facility Data Collection

Letter to Hospital Administrator



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Dear Administrator:

I am writing to inform you of a request that has been made to your Medical Records Department. The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a followup study of persons who voluntarily participated in the First National Health and Nutrition Examination Survey (NHANES I) from 1971-75. The NHANES I Epidemiologic Followup Study (NHEFS) is a national longitudinal study. Its primary purpose is to investigate the relationships between physiological, nutritional, behavioral, and demographic characteristics collected in the NHANES I and subsequent morbidity and mortality from specific diseases and health conditions. We very much need your assistance.

Persons who participated in the NHANES I survey were recently reinterviewed to obtain information about their current health status and functional disabilities and their history of chronic diseases. A component of this study, which is crucial to the success of the followup, is a limited collection of hospital record data which augments medical information obtained from the participants in their recent interview.

The NCHS has contracted with Westat, a national survey organization, to conduct the data collection operations of this study. Westat has sent a packet to your Director of Medical Records on behalf of the study participants requesting information from their medical records. Included in the packet are signed authorization forms permitting the release of diagnostic information from participants' hospital records.

This study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary. There are no penalties for declining to participate. All information will be kept confidential and will be used only for statistical purposes. No information that could be used to identify the participant or your facility will be released or published. Results of this study will be published only as statistical summaries.

The American Hospital Association (AHA) has endorsed this study and urges your cooperation. Mr. Peter Kralovec of the AHA may be reached at 1-312-280-6523 if you have any questions concerning this endorsement. If you have any questions concerning the data collection, please feel free to call Ms. Sylvia Hovermale, the NHEFS Health Care Facility Study Supervisor, at 1-800-937-8281.

Sincerely yours, .


Manning Feinleib, M.D., Dr.P.H.
Director

Letter to Director of Medical Records



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease ControlNational Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Director of Medical Records:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a followup study of persons who voluntarily participated in the First National Health and Nutrition Examination Survey (NHANES I) from 1971-75.

Participants in the NHANES I were recently reinterviewed to obtain additional information about their current health status and functional disabilities and their history of chronic diseases. A component of this study, which is crucial to the success of the followup, is a limited collection of hospital record data which augments medical information obtained from the participants in their recent interview. Hospitals are being requested to abstract selected information from the inpatient record on admission, discharge, diagnoses, and surgical procedures and place it on the enclosed Hospital Record form. In addition, we are also requesting photocopies of the face sheet, discharge summary, and pathology report for admissions where new malignancies are diagnosed. The enclosed medical authorization form, signed by the study participant, authorizes the collection of this information.

This study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary. There are no penalties for declining to participate. All information will be kept confidential and will be used only for statistical purposes. No information that could be used to identify the participant or your facility will be released or published. Results of this study will be published only as statistical summaries.

The NCHS has contracted with Westat, a national survey organization, to conduct the data collection operations of this study. The American Hospital Association (AHA) has endorsed this study and urges your cooperation. Your hospital's participation is vital to the success of this followup. If you have any questions concerning this project, please feel free to contact Ms. Sylvia Hovermale, the Health Care Facility Study Supervisor, at 1-800-937-8281.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "M. Feinleib".

Manning Feinleib, M.D., Dr.P.H.
Director

Enclosures

6. WHAT WERE THE DIAGNOSES ESTABLISHED AT TIME OF DISCHARGE? (Principal diagnosis is the condition after study chiefly responsible for the hospital stay.) (If more space is needed for additional diagnoses, write the diagnoses and the Westat ID number on a separate sheet of paper and attach to this form.)

Principal Diagnosis:

1. _____

Other Diagnoses:

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

OFFICE USE ONLY

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

7. WHAT WERE THE SURGICAL PROCEDURES PERFORMED DURING THIS ADMISSION? (Include all biopsy and surgical procedures.)

SURGICAL PROCEDURES: Check if none

1. _____

2. _____

3. _____

4. _____

5. _____

OFFICE USE ONLY

1.

--	--	--	--

2.

--	--	--	--

3.

--	--	--	--

4.

--	--	--	--

5.

--	--	--	--

8. PLEASE ATTACH A PHOTOCOPY OF THE PATHOLOGY REPORT CONFIRMING THE DIAGNOSIS OF CANCER MADE DURING THIS STAY. (Write the Westat I.D. number on each photocopied page.)

<u>Attachment</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	(If no or N/A, SPECIFY REASON:)
Pathology Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. PLEASE ATTACH A PHOTOCOPY OF THE ADMISSION FACE SHEET AND THE DISCHARGE SUMMARY FOR THIS INPATIENT STAY. (Write the Westat I.D. number on each photocopied page.)

<u>Attachments</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	(If no or N/A, SPECIFY REASON:)
a. Face Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Discharge Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMPLETED BY _____

DATE _____

Letter to Nursing Home Administrator



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Dear Administrator:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a followup study of persons who voluntarily participated in the First National Health and Nutrition Examination Survey (NHANES I) from 1971-1975. The NHANES I Epidemiologic Followup Study (NHEFS) is designed to collect information periodically about the persons who participated in the original study in order to track the natural history of chronic diseases and functional disabilities in an aging population. We very much need your assistance.

Participants in the NHEFS were recently reinterviewed to obtain information on their current health status. A component of this study, which is crucial to the success of the followup, is a limited collection of nursing home record data which augments medical information obtained from participants in their interview. Nursing homes are being requested to abstract selected information from the inpatient record on admission, discharge, and diagnoses and place it on the enclosed Nursing Home and Personal Care Home Record form. The enclosed medical authorization form, signed by the study participant, authorizes the collection of this information.

This study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary, and there are no penalties for declining to participate in whole or in part. All information will be kept confidential and will be used only for statistical purposes. No information that could be used to identify the participant or your facility will be released or published. Results of this study will be published only as statistical summaries.

NCHS has contracted with Westat, a national survey organization, to conduct the data collection operations of this study. Your nursing home's participation is vital to the success of this followup. If you have any questions concerning the data collection, please feel free to call Ms. Sylvia Hovermale, the NHEFS Health Care Facility Study Supervisor, at 1-800-937-8281.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director

Enclosures

6. WHAT WERE THE ADMISSION DIAGNOSES?

Principal Diagnosis:

1. _____

Other Major Diseases or Conditions Present at Time of Admission:

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

OFFICE USE ONLY													
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7. PLEASE ATTACH A PHOTOCOPY OF THE ADMISSION FACE SHEET. (Write the Westat I.D. number on each photocopied page. If you do not have photocopying capabilities, please transcribe the information from the admission face sheet onto a separate sheet, record the Westat I.D. number on that sheet, and staple it to THIS form.)

Admission Face Sheet Included: Yes No

If no, please explain: _____

 COMPLETED BY

 DATE

Appendix II

Corrections and Revisions to the First National Health and Nutrition Examination Survey Baseline Data

Three demographic data items (date of birth, sex, and race) from the first National Health and Nutrition Examination Survey (NHANES I) baseline data tapes were corrected for a small number of subjects based on updated information received during the 1982–84 NHANES I Epidemiologic Followup Study (NHEFS). Consequently, all subsequent NHEFS Followup Public Use Data Tapes, reflect the corrections noted in this section.

Date of Birth

Initially, the date of birth for each NHANES I respondent was recorded during the household interview and subsequently coded on the NHANES I data tapes. The household interview usually was conducted with one member (or more) of the household providing social and demographic information for all household members. The NHANES I sample was then drawn from these household listings. On arrival at the Mobile Examination Center (MEC), the subject was asked to provide his or her date of birth, which was entered on a record and later microfilmed. The date of birth on the MEC record was provided by the subject but was not coded on the NHANES I data tape. Thus, the original NHANES I date of birth is the one obtained during the household interview.

During the fieldwork for the Followup Study, the MEC record (when available) was used to update the date of birth for all lost-to-followup respondents in the hope that it would improve tracing results. In addition, the MEC record was used to update the date of birth for decedents and incapacitated subjects who had been interviewed by proxy. Date-of-birth information was also updated for all confirmed respondents who, during tracing,

Table I. Number of NHANES I Epidemiologic Followup subjects by original age at NHANES I examination and recalculated age at NHANES I examination

Original age at baseline examination	Revised age at baseline examination				
	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years
25–34 years	3,508	4	1	–	–
35–44 years	1	2,937	8	–	–
45–54 years	–	–	2,268	15	–
55–64 years	–	–	3	1,804	1
65–74 years	–	–	–	5	3,852

– Quantity zero.

supplied a date of birth that differed from the date of birth provided at baseline. As a result, date-of-birth information was corrected for 677 of the 14,407 subjects in the NHEFS cohort.

The age given at baseline examination was then recalculated based on these corrected dates of birth. The recalculations of age at baseline examination resulted in 224 age changes of 1 year or more. For 31 respondents, recalculation resulted in ages outside the designated age range of 25–74 years. (Two subjects were determined to be 24 years of age, 26 were 75 years of age, one was 76 years of age, and two were 77 years of age.) Nonetheless, these respondents will continue to be included in the cohort and are treated as 25 and 74 years of age in cases in which age is categorized. [Table I](#) is a cross-tabulation of the recalculated age at baseline examination by the original age at examination.

Additional information on date of birth was collected if the respondent was administered the tracing questionnaire in the 1986, 1987, or 1992 NHEFS. This information, though, was not used to amend the date of birth or age at NHANES I variables, which appear on the NHEFS public use data tapes. (In other words, date of birth and the age at NHANES I variables were not revised using data collected from 1986, 1987, or 1992 NHEFS. Furthermore, these variables will never be

updated from any information collected from the subsequent followups of the NHEFS.) Any new information obtained on data of birth is used solely for tracing purposes.

Sex

The baseline sex code was changed from female to male for one subject. The original sex code was an error in the NHANES I data set.

Race

A revised race variable was created to resolve discrepancies between the baseline interviewer-observed race and the followup respondent-reported race. These race codes are determined on a case-by-case adjudication of baseline and followup ethnicity responses and, in the case of deceased subjects, race as coded on the death certificate. Race was changed for 186 subjects. [Table II](#) shows a cross-tabulation of revised race by the original baseline race variable. (For a number of subjects, however, although race was revised, baseline race and revised race still remain grouped in the “Other” category.)

Information on race of the subject was collected during the interview in the 1986, 1987, or 1992 NHEFS if the subject had not been previously interviewed. This information, however, was not used to amend the revised race variable, which appears on the NHEFS public use data tapes.

Table II. Number of NHANES I Epidemiologic Followup subjects by interviewer observed race at NHANES I examination and revised race

Baseline race	Revised race		
	White	Black	Other
White	11,998	25	30
Black	11	2,174	10
Other	27	–	132

– Quantity zero.

Vital and Health Statistics series descriptions

- SERIES 1. **Programs and Collection Procedures**—These reports describe the data collection programs of the National Center for Health Statistics. They include descriptions of the methods used to collect and process the data, definitions, and other material necessary for understanding the data.
- SERIES 2. **Data Evaluation and Methods Research**—These reports are studies of new statistical methods and include analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. These studies also include experimental tests of new survey methods and comparisons of U.S. methodology with those of other countries.
- SERIES 3. **Analytical and Epidemiological Studies**—These reports present analytical or interpretive studies based on vital and health statistics. These reports carry the analyses further than the expository types of reports in the other series.
- SERIES 4. **Documents and Committee Reports**—These are final reports of major committees concerned with vital and health statistics and documents such as recommended model vital registration laws and revised birth and death certificates.
- SERIES 5. **International Vital and Health Statistics Reports**—These reports are analytical or descriptive reports that compare U.S. vital and health statistics with those of other countries or present other international data of relevance to the health statistics system of the United States.
- SERIES 6. **Cognition and Survey Measurement**—These reports are from the National Laboratory for Collaborative Research in Cognition and Survey Measurement. They use methods of cognitive science to design, evaluate, and test survey instruments.
- SERIES 10. **Data From the National Health Interview Survey**—These reports contain statistics on illness; unintentional injuries; disability; use of hospital, medical, and other health services; and a wide range of special current health topics covering many aspects of health behaviors, health status, and health care utilization. They are based on data collected in a continuing national household interview survey.
- SERIES 11. **Data From the National Health Examination Survey, the National Health and Nutrition Examination Surveys, and the Hispanic Health and Nutrition Examination Survey**—Data from direct examination, testing, and measurement on representative samples of the civilian noninstitutionalized population provide the basis for (1) medically defined total prevalence of specific diseases or conditions in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics, and (2) analyses of trends and relationships among various measurements and between survey periods.
- SERIES 12. **Data From the Institutionalized Population Surveys**—Discontinued in 1975. Reports from these surveys are included in Series 13.
- SERIES 13. **Data From the National Health Care Survey**—These reports contain statistics on health resources and the public's use of health care resources including ambulatory, hospital, and long-term care services based on data collected directly from health care providers and provider records.
- SERIES 14. **Data on Health Resources: Manpower and Facilities**—Discontinued in 1990. Reports on the numbers, geographic distribution, and characteristics of health resources are now included in Series 13.
- SERIES 15. **Data From Special Surveys**—These reports contain statistics on health and health-related topics collected in special surveys that are not part of the continuing data systems of the National Center for Health Statistics.
- SERIES 16. **Compilations of Advance Data From Vital and Health Statistics**—Advance Data Reports provide early release of information from the National Center for Health Statistics' health and demographic surveys. They are compiled in the order in which they are published. Some of these releases may be followed by detailed reports in Series 10–13.
- SERIES 20. **Data on Mortality**—These reports contain statistics on mortality that are not included in regular, annual, or monthly reports. Special analyses by cause of death, age, other demographic variables, and geographic and trend analyses are included.
- SERIES 21. **Data on Natality, Marriage, and Divorce**—These reports contain statistics on natality, marriage, and divorce that are not included in regular, annual, or monthly reports. Special analyses by health and demographic variables and geographic and trend analyses are included.
- SERIES 22. **Data From the National Mortality and Natality Surveys**—Discontinued in 1975. Reports from these sample surveys, based on vital records, are now published in Series 20 or 21.
- SERIES 23. **Data From the National Survey of Family Growth**—These reports contain statistics on factors that affect birth rates, including contraception, infertility, cohabitation, marriage, divorce, and remarriage; adoption; use of medical care for family planning and infertility; and related maternal and infant health topics. These statistics are based on national surveys of women of childbearing age.
- SERIES 24. **Compilations of Data on Natality, Mortality, Marriage, Divorce, and Induced Terminations of Pregnancy**—These include advance reports of births, deaths, marriages, and divorces based on final data from the National Vital Statistics System that were published as supplements to the *Monthly Vital Statistics Report (MVSR)*. These reports provide highlights and summaries of detailed data subsequently published in *Vital Statistics of the United States*. Other supplements to the MVSR published here provide selected findings based on final data from the National Vital Statistics System and may be followed by detailed reports in Series 20 or 21.

For answers to questions about this report or for a list of reports published in these series, contact:

Data Dissemination Branch
National Center for Health Statistics
Centers for Disease Control and Prevention
6525 Belcrest Road, Room 1064
Hyattsville, MD 20782-2003
(301) 436-8500
E-mail: nchsquery@cdc.gov
Internet: www.cdc.gov/nchswww

**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782-2003

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300